

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

01

24

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		202641.36
(b) Cash on Hand at Beginning of Reporting Period	217044.35	
(c) Total Receipts (from Line 19)	148111.01	339305.19
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	365155.36	541946.55
7. Total Disbursements (from Line 31)	129423.40	306214.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	235731.96	235731.96
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	105242.63	251484.26
(i) Itemized (use Schedule A)	39175.72	81346.36
(ii) Unitemized	144418.35	332830.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	144418.35	332830.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	3692.66	6474.57
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	148111.01	339305.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	148111.01	339305.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2728.83	5520.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	2728.83	5520.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	125500.00	299500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1194.57	1194.57
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	129423.40	306214.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	129423.40	306214.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	144418.35	332830.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	144418.35	332830.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2728.83	5520.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	3692.66	6474.57
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-963.83	-954.55

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stephen Carl Albrecht, MD

Mailing Address 3622A Ensign Rd NE

City

Olympia

State

WA

Zip Code

98506-5025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olympia Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 0 7

Transaction ID: C319576

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Timothy J Alford, MD

Mailing Address 1152 Woodbriar Ln

City

Kosciusko

State

MS

Zip Code

39090-9095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosciusko Medical Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: C349753

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Suzanne M Allen, MD

Mailing Address 2889 S Swallowtail Ln

City

Boise

State

ID

Zip Code

83706-6139

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington
School of Med

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349149

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles T Alred, MD

Mailing Address 130 S Bradley Dr

City

Salina

State

KS

Zip Code

67401-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salina Health Education
Foundation

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: C349751

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Derek J Anderson, MD

Mailing Address 15165 S Harrells Ferry Rd

City

Baton Rouge

State

LA

Zip Code

70816-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321577

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Derek J Anderson, MD

Mailing Address 15165 S Harrells Ferry Rd

City

Baton Rouge

State

LA

Zip Code

70816-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325347

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Derek J Anderson, MD

Mailing Address 15165 S Harrells Ferry Rd

City

Baton Rouge

State

LA

Zip Code

70816-2910

FEC ID number of contributing
federal political committee.

C

Name of Employer
General Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345617

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Kathleen Mary Ankers, MD

Mailing Address 616 Shamrock Dr

City

O Fallon

State

IL

Zip Code

62269-7509

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Air Force

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 7

Transaction ID: C319050

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John S Antalis, MD

Mailing Address 1114 Professional Blvd

City

Dalton

State

GA

Zip Code

30720-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer
D.F.P.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322139

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jonathan F Arnold, MD

Mailing Address 2649 Clearview Heights Rd

City

Fort Madison

State

IA

Zip Code

52627-9537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity Medical Clinic,
Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349199

Amount of Each Receipt this Period

315.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City

Tallmadge

State

OH

Zip Code

44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bachtel & Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.01

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321578

Amount of Each Receipt this Period

45.63

C.

Full Name (Last, First, Middle Initial)

Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City

Tallmadge

State

OH

Zip Code

44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bachtel & Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.01

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325348

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

406.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City

Tallmadge

State

OH

Zip Code

44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bachtel & Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345618

Amount of Each Receipt this Period

45.63

B.

Full Name (Last, First, Middle Initial)

Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City

Tallmadge

State

OH

Zip Code

44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bachtel & Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C351076

Amount of Each Receipt this Period

45.63

C.

Full Name (Last, First, Middle Initial)

Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City

Tallmadge

State

OH

Zip Code

44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bachtel & Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C364428

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

136.89

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City

Tallmadge

State

OH

Zip Code

44278-2311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bachtel & AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: C373845

Amount of Each Receipt this Period

45.60

B.

Full Name (Last, First, Middle Initial)

Boyd Lee Bailey, MD

Mailing Address 1023 Medical Center Pkwy

City

Selma

State

AL

Zip Code

36701-6780

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB/Selma Family MedicineOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: C343777

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Macaran A Baird, MD

Mailing Address Univ of MN Dept of FP/MMC 381
420 Delaware St SE

City

Minneapolis

State

MN

Zip Code

55455-0341

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MN, FM&CHOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	7

Transaction ID: C324630

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1410.60

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charles Albert Ball, MD

Mailing Address Maury Regional Hospital
1224 Trotwood AveCity State Zip Code
Columbia TN 38401-4802FEC ID number of contributing
federal political committee.

C

Name of Employer
Maury Regional HospitalOccupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Transaction ID: C364233

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joane Goforth Baumer, MD

Mailing Address Dept Of Family Medicine
1500 S Main StCity State Zip Code
Fort Worth TX 76104-4917FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	7

Transaction ID: C324266

Amount of Each Receipt this Period

73.00

C.

Full Name (Last, First, Middle Initial)

Joane Goforth Baumer, MD

Mailing Address Dept Of Family Medicine
1500 S Main StCity State Zip Code
Fort Worth TX 76104-4917FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	0	7

Transaction ID: C345623

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)

646.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joane Goforth Baumer, MD

Mailing Address Dept Of Family Medicine
1500 S Main St

City State Zip Code
Fort Worth TX 76104-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C351082

Amount of Each Receipt this Period

73.00

B.

Full Name (Last, First, Middle Initial)

Joane Goforth Baumer, MD

Mailing Address Dept Of Family Medicine
1500 S Main St

City State Zip Code
Fort Worth TX 76104-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C364429

Amount of Each Receipt this Period

73.00

C.

Full Name (Last, First, Middle Initial)

Joane Goforth Baumer, MD

Mailing Address Dept Of Family Medicine
1500 S Main St

City State Zip Code
Fort Worth TX 76104-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C373852

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)

219.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary Laura Bean, MD

Mailing Address 632 Morrison Springs Rd
Ste 202

City	State	Zip Code
Chattanooga	TN	37415-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	7

Transaction ID: C345464

Amount of Each Receipt this Period

265.00

B.

Full Name (Last, First, Middle Initial)

Mark Harris Belfer, DO

Mailing Address AGMC Center Family Medicine
400 Wabash Ave

City	State	Zip Code
Akron	OH	44307-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron General Medical Cen-
terOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	7

Transaction ID: C321579

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Jerome W Bentz, MD

Mailing Address 601 E 7th St Ste #3
PO Box 818

City	State	Zip Code
Platte	SD	57369-0818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Platte Health CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	7

Transaction ID: C322544

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jason M Bhan, MD

Mailing Address 13060 Rose Petal Circle

City State Zip Code
Herndon VA 20171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loudoun Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Transaction ID: C345577

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Heidi M Bittner, MD

Mailing Address 304 15th Ave SE
PO Box 9037

City State Zip Code
Devils Lake ND 58301-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altru Clinic Lake region

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349148

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Ross R Black, II

Mailing Address Ste 200
265 Portage Trail Ext W

City State Zip Code
Cuyahoga Falls OH 44223-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mill Pond FP, Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: C343530

Amount of Each Receipt this Period

366.00

SUBTOTAL of Receipts This Page (optional)

981.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sam Blackstock, CAE

Mailing Address Exec Vice Pres - OK AFP

1900 NW Expressway, Suite 501AFP

City

State

Zip Code

Oklahoma City

OK

73118-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAFP

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.09

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321580

Amount of Each Receipt this Period

30.42

B.

Full Name (Last, First, Middle Initial)

Sam Blackstock, CAE

Mailing Address Exec Vice Pres - OK AFP

1900 NW Expressway, Suite 501AFP

City

State

Zip Code

Oklahoma City

OK

73118-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAFP

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.09

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325350

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Sam Blackstock, CAE

Mailing Address Exec Vice Pres - OK AFP

1900 NW Expressway, Suite 501AFP

City

State

Zip Code

Oklahoma City

OK

73118-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAFP

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.09

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345619

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)

91.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sam Blackstock, CAE

Mailing Address Exec Vice Pres - OK AFP

1900 NW Expressway, Suite 501AFP

City

State

Zip Code

Oklahoma City

OK

73118-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAFP

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.09

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C351094

Amount of Each Receipt this Period

30.41

B.

Full Name (Last, First, Middle Initial)

Sam Blackstock, CAE

Mailing Address Exec Vice Pres - OK AFP

1900 NW Expressway, Suite 501AFP

City

State

Zip Code

Oklahoma City

OK

73118-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAFP

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.09

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C364431

Amount of Each Receipt this Period

30.41

C.

Full Name (Last, First, Middle Initial)

Sam Blackstock, CAE

Mailing Address Exec Vice Pres - OK AFP

1900 NW Expressway, Suite 501AFP

City

State

Zip Code

Oklahoma City

OK

73118-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer
OAFP

Occupation
EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.09

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C373856

Amount of Each Receipt this Period

30.50

SUBTOTAL of Receipts This Page (optional)

91.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kathleen A Bliese, MD

Mailing Address Employers Health Care
908 N Howard Ave Ste 108

City State Zip Code
Grand Island NE 68803-3529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321740

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Robert C M Bourne, MD

Mailing Address Beaver Med Cln Inc
1300 E Cooley Dr

City State Zip Code
Colton CA 92324-3905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaver Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: C349748

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Karen Brenke

Mailing Address Exec Vice Pres - MassAFP
PO Box 1406

City State Zip Code
Manchester MA 01944-0851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Academy of
Family Physic

Occupation
Chapter Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349145

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Neil Hurst Brooks, MD

Mailing Address 36 Duncaster Ln

City

Vernon Rockville

State

CT

Zip Code

06066-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: C349747

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Arlene M Brown, MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruidoso Family Medicine
Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321581

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Arlene M Brown, MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruidoso Family Medicine
Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325352

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arlene M Brown, MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruidoso Family Medicine
Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: C325469

Amount of Each Receipt this Period

108.00

B.

Full Name (Last, First, Middle Initial)

Arlene M Brown, MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruidoso Family Medicine
Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345621

Amount of Each Receipt this Period

158.00

C.

Full Name (Last, First, Middle Initial)

Arlene M Brown, MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruidoso Family Medicine
Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C351096

Amount of Each Receipt this Period

158.00

SUBTOTAL of Receipts This Page (optional)

424.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arlene M Brown, MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruidoso Family Medicine
Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C364432

Amount of Each Receipt this Period

158.00

B.

Full Name (Last, First, Middle Initial)

Arlene M Brown, MD

Mailing Address 1401 Sudderth Dr

City

Ruidoso

State

NM

Zip Code

88345-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ruidoso Family Medicine
Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C373861

Amount of Each Receipt this Period

158.00

C.

Full Name (Last, First, Middle Initial)

Frank Henry Brown, MD

Mailing Address 2400 N 400 E

City

Ogden

State

UT

Zip Code

84414-7233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: C349745

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

681.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Douglas Burd, MD

Mailing Address 1188 Mount Gretna Rd

City

Elizabethtown

State

PA

Zip Code

17022-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State --HMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321585

Amount of Each Receipt this Period

45.61

B.

Full Name (Last, First, Middle Initial)

Mark Douglas Burd, MD

Mailing Address 1188 Mount Gretna Rd

City

Elizabethtown

State

PA

Zip Code

17022-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State --HMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325354

Amount of Each Receipt this Period

45.61

C.

Full Name (Last, First, Middle Initial)

Mark Douglas Burd, MD

Mailing Address 1188 Mount Gretna Rd

City

Elizabethtown

State

PA

Zip Code

17022-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State --HMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345622

Amount of Each Receipt this Period

45.61

SUBTOTAL of Receipts This Page (optional)

136.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Douglas Burd, MD

Mailing Address 1188 Mount Gretna Rd

City

Elizabethtown

State

PA

Zip Code

17022-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State --HMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C351098

Amount of Each Receipt this Period

45.61

B.

Full Name (Last, First, Middle Initial)

Mark Douglas Burd, MD

Mailing Address 1188 Mount Gretna Rd

City

Elizabethtown

State

PA

Zip Code

17022-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State --HMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C364433

Amount of Each Receipt this Period

45.61

C.

Full Name (Last, First, Middle Initial)

Mark Douglas Burd, MD

Mailing Address 1188 Mount Gretna Rd

City

Elizabethtown

State

PA

Zip Code

17022-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State --HMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C373862

Amount of Each Receipt this Period

45.80

SUBTOTAL of Receipts This Page (optional)

137.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gerald William Cahill, MD

Mailing Address 81 Constable Street

City

Malone

State

NY

Zip Code

12953-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349216

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mary F Campagnolo, MD

Mailing Address Ashurst Family Physicians Pa
1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lumberton Family Physicia-
ns, LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: C316544

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mary F Campagnolo, MD

Mailing Address Ashurst Family Physicians Pa
1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lumberton Family Physicia-
ns, LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: C349744

Amount of Each Receipt this Period

135.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Edward W Capparelli, MD

Mailing Address 121 Moore St

City

Newport

State

TN

Zip Code

37821-2409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rural Medical Service

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322171

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

David Wayne Carlson, MD

Mailing Address 2811 Garden Cir

City

Burlington

State

IA

Zip Code

52601-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great River Medical Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: C368758

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Adam Carlyle, MD

Mailing Address PO Box 3014

City

Ames

State

IA

Zip Code

50010-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine East

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: C352023

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lee Marvin Carter, MD

Mailing Address PO Box 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: C325427

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert R Casey, MD

Mailing Address 801 Oak Ridge Tpke

City

Oak Ridge

State

TN

Zip Code

37830-6916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: C368759

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Frank M Castillo, MD

Mailing Address 1151 W Vernon Park Pl

City

Chicago

State

IL

Zip Code

60607-3423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Family Health Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: C319704

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Denis E Chagnon, MD

Mailing Address 383 Vly Rd

City

Schenectady

State

NY

Zip Code

12309-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Care Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: C350330

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Denis E Chagnon, MD

Mailing Address 383 Vly Rd

City

Schenectady

State

NY

Zip Code

12309-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Care Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C351005

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Cora Le Ethel Christian, MD

Mailing Address 40 EG La Grange
PO Box 1338

City

Frederiksted

State

VI

Zip Code

00841-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349681

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

885.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Francis Nien Yuen Chu, MD

Mailing Address 10800 Magnolia Ave # 3F
PS3G

City State Zip Code
Riverside CA 92505-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCPMG

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349209

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Lanny R Copeland, MD

Mailing Address 24308 Clocktower Dr
5800 Tennyson Pkwy

City State Zip Code
Franklin TN 37067-6162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Triad Hospitals, Inc.

Occupation
Physicians

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349680

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jane A Corson, MD

Mailing Address 3100 Schoolhouse Rd

City State Zip Code
Middletown PA 17057-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State College of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.06

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321613

Amount of Each Receipt this Period

60.71

SUBTOTAL of Receipts This Page (optional)

790.71

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jane A Corson, MD

Mailing Address 3100 Schoolhouse Rd

City

Middletown

State

PA

Zip Code

17057-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State College of Med-
icine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325358

Amount of Each Receipt this Period

60.71

B.

Full Name (Last, First, Middle Initial)

Jane A Corson, MD

Mailing Address 3100 Schoolhouse Rd

City

Middletown

State

PA

Zip Code

17057-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State College of Med-
icine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345624

Amount of Each Receipt this Period

60.71

C.

Full Name (Last, First, Middle Initial)

Jane A Corson, MD

Mailing Address 3100 Schoolhouse Rd

City

Middletown

State

PA

Zip Code

17057-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State College of Med-
icine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C351112

Amount of Each Receipt this Period

60.71

SUBTOTAL of Receipts This Page (optional)

182.13

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jane A Corson, MD

Mailing Address 3100 Schoolhouse Rd

City

Middletown

State

PA

Zip Code

17057-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State College of Med-
icine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C364434

Amount of Each Receipt this Period

60.71

B.

Full Name (Last, First, Middle Initial)

Jane A Corson, MD

Mailing Address 3100 Schoolhouse Rd

City

Middletown

State

PA

Zip Code

17057-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State College of Med-
icine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C373863

Amount of Each Receipt this Period

60.80

C.

Full Name (Last, First, Middle Initial)

Richard L Corson, MD

Mailing Address 5 Arlene Ct

City

Hillsborough

State

NJ

Zip Code

08844-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349679

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

486.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address Dept Of Family and Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321612

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address Dept Of Family and Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325364

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address Dept Of Family and Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345626

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

250.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address Dept Of Family and Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: C351144

Amount of Each Receipt this Period

93.34

B.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address Dept Of Family and Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C364437

Amount of Each Receipt this Period

93.34

C.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address Dept Of Family and Prev Medicine
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C373876

Amount of Each Receipt this Period

93.34

SUBTOTAL of Receipts This Page (optional)

280.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address 2745 Bob Wallace Ave SW Ste D
Ste 245

City State Zip Code
Huntsville AL 35805-4177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crestani Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321614

Amount of Each Receipt this Period

30.41

B.

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address 2745 Bob Wallace Ave SW Ste D
Ste 245

City State Zip Code
Huntsville AL 35805-4177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crestani Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325368

Amount of Each Receipt this Period

30.41

C.

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address 2745 Bob Wallace Ave SW Ste D
Ste 245

City State Zip Code
Huntsville AL 35805-4177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crestani Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345635

Amount of Each Receipt this Period

30.43

SUBTOTAL of Receipts This Page (optional)

91.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address 2745 Bob Wallace Ave SW Ste D
Ste 245

City State Zip Code
Huntsville AL 35805-4177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crestani Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.08

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: C351145

Amount of Each Receipt this Period

30.43

B.

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address 2745 Bob Wallace Ave SW Ste D
Ste 245

City State Zip Code
Huntsville AL 35805-4177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crestani Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.08

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C364438

Amount of Each Receipt this Period

30.43

C.

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address 2745 Bob Wallace Ave SW Ste D
Ste 245

City State Zip Code
Huntsville AL 35805-4177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crestani Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.08

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C373917

Amount of Each Receipt this Period

30.51

SUBTOTAL of Receipts This Page (optional)

91.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Anders Crissman, MD

Mailing Address 211 Shelburne Ct

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crissman Family Practice

Occupation

Family Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: C345465

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark Anders Crissman, MD

Mailing Address 211 Shelburne Ct

City

Burlington

State

NC

Zip Code

27215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crissman Family Practice

Occupation

Family Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C373837

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Max Aldon Crocker, MD

Mailing Address 1260 Colonial Dr

City

Lexington

State

KY

Zip Code

40504-2025

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C373741

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S Cullen, MD

Mailing Address PO Box 1829

City

Valdez

State

AK

Zip Code

99686-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	7

Transaction ID: C349752

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

John Howard Darnell, MD

Mailing Address Family Medicine Center PLLC
PO Box 987

City

Flatwoods

State

KY

Zip Code

41139-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Center,
PLLCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	7

Transaction ID: C321615

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John Howard Darnell, MD

Mailing Address Family Medicine Center PLLC
PO Box 987

City

Flatwoods

State

KY

Zip Code

41139-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Center,
PLLCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	7

Transaction ID: C325371

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Howard Darnell, MD

Mailing Address Family Medicine Center PLLC
PO Box 987

City State Zip Code
Flatwoods KY 41139-0987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Center,
PLLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345636

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

LeAnne De Tar Newbert, MD

Mailing Address 818 Lake of the Forest

City State Zip Code
Bonner Springs KS 66012-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Lea-
venworth Heal

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.02

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321622

Amount of Each Receipt this Period

52.12

C.

Full Name (Last, First, Middle Initial)

LeAnne De Tar Newbert, MD

Mailing Address 818 Lake of the Forest

City State Zip Code
Bonner Springs KS 66012-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Lea-
venworth Heal

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.02

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325372

Amount of Each Receipt this Period

52.12

SUBTOTAL of Receipts This Page (optional)

204.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LeAnne De Tar Newbert, MD

Mailing Address 818 Lake of the Forest

City

Bonner Springs

State

KS

Zip Code

66012-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Lea-
venworth Heal

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.02

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345637

Amount of Each Receipt this Period

52.12

B.

Full Name (Last, First, Middle Initial)

LeAnne De Tar Newbert, MD

Mailing Address 818 Lake of the Forest

City

Bonner Springs

State

KS

Zip Code

66012-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Lea-
venworth Heal

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.02

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: C351146

Amount of Each Receipt this Period

52.12

C.

Full Name (Last, First, Middle Initial)

LeAnne De Tar Newbert, MD

Mailing Address 818 Lake of the Forest

City

Bonner Springs

State

KS

Zip Code

66012-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Lea-
venworth Heal

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.02

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 7

Transaction ID: C364439

Amount of Each Receipt this Period

52.12

SUBTOTAL of Receipts This Page (optional)

156.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LeAnne De Tar Newbert, MD

Mailing Address 818 Lake of the Forest

City

Bonner Springs

State

KS

Zip Code

66012-9504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sisters of Charity of Leavenworth Heal

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.02

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C373918

Amount of Each Receipt this Period

52.30

B.

Full Name (Last, First, Middle Initial)

Jason B Dees, MD

Mailing Address 620 W Longview Dr

City

New Albany

State

MS

Zip Code

38652-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349678

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Dennis M Dimitri, MD

Mailing Address 295 Lincoln St Ste 204

City

Worcester

State

MA

Zip Code

01605-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349677

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)

682.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

L Allen Dobson, MD

Mailing Address Cabarrus Family Medicine

270 Copperfield Blvd NE # 202

City

State

Zip Code

Concord

NC

28025-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349676

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

William Harold Dodson, MD

Mailing Address MSC 09-5040 (FPC - 3rd Floor)

1 Univ Of Nm

City

State

Zip Code

Albuquerque

NM

87131-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of New Mexico

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: C325298

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

William Harold Dodson, MD

Mailing Address MSC 09-5040 (FPC - 3rd Floor)

1 Univ Of Nm

City

State

Zip Code

Albuquerque

NM

87131-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of New Mexico

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 7

Transaction ID: C347374

Amount of Each Receipt this Period

334.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Barbara J Doty, MD

Mailing Address 1700 Bogard Rd Ste 100

City

Wasilla

State

AK

Zip Code

99654-6563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349675

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michael J Doyle, MD

Mailing Address At Green Grove Rd
3436 State Route 66

City

Neptune

State

NJ

Zip Code

07753-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: C321906

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jay S Erickson, MD

Mailing Address Glacier Medical Assoc
1111 Baker Ave

City

Whitefish

State

MT

Zip Code

59937-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glacier Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321623

Amount of Each Receipt this Period

55.76

SUBTOTAL of Receipts This Page (optional)

670.76

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay S Erickson, MD

Mailing Address Glacier Medical Assoc
1111 Baker AveCity State Zip Code
Whitefish MT 59937-2905FEC ID number of contributing
federal political committee.

C

Name of Employer
Glacier Medical AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	7

Transaction ID: C325382

Amount of Each Receipt this Period

55.76

B.

Full Name (Last, First, Middle Initial)

Jay S Erickson, MD

Mailing Address Glacier Medical Assoc
1111 Baker AveCity State Zip Code
Whitefish MT 59937-2905FEC ID number of contributing
federal political committee.

C

Name of Employer
Glacier Medical AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: C346037

Amount of Each Receipt this Period

55.76

C.

Full Name (Last, First, Middle Initial)

Jay S Erickson, MD

Mailing Address Glacier Medical Assoc
1111 Baker AveCity State Zip Code
Whitefish MT 59937-2905FEC ID number of contributing
federal political committee.

C

Name of Employer
Glacier Medical AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: C351148

Amount of Each Receipt this Period

55.76

SUBTOTAL of Receipts This Page (optional)

167.28

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay S Erickson, MD

Mailing Address Glacier Medical Assoc
1111 Baker AveCity State Zip Code
Whitefish MT 59937-2905FEC ID number of contributing
federal political committee.**C**Name of Employer
Glacier Medical AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Transaction ID: C366873

Amount of Each Receipt this Period

55.76

B.

Full Name (Last, First, Middle Initial)

Jay S Erickson, MD

Mailing Address Glacier Medical Assoc
1111 Baker AveCity State Zip Code
Whitefish MT 59937-2905FEC ID number of contributing
federal political committee.**C**Name of Employer
Glacier Medical AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: C373920

Amount of Each Receipt this Period

55.78

C.

Full Name (Last, First, Middle Initial)

Bernard G Ewigman, MD, MSPH

Mailing Address Univ of Chicago Fam Med #M-156
5841 S Maryland Ave # MC7110City State Zip Code
Chicago IL 60637-1470FEC ID number of contributing
federal political committee.**C**Name of Employer
University of ChicagoOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	7

Transaction ID: C319042

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

361.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Doreen E Feldhouse, MD

Mailing Address 1043 Sir James Ave

City

Dyersburg

State

TN

Zip Code

38024-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321624

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Thomas Allen Felger, MD

Mailing Address 51181 Kings Xing
837 Cedar St Ste 125

City

Granger

State

IN

Zip Code

46530-8812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: C321885

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Sarah J Fessler, MD

Mailing Address East Bay Fam Hlth Care
100 Bullocks Point Ave

City

Riverside

State

RI

Zip Code

02915-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Bay Community Action
Program

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349670

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Richard Field, MD

Mailing Address 2021 W Harbor Dr

City

Bismarck

State

ND

Zip Code

58504-8913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Center One

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: C324663

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James G Fieseher, MD

Mailing Address 330 Borthwick Ave Ste 210

City

Portsmouth

State

NH

Zip Code

03801-7111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349669

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Leonard Martin Finn, MD

Mailing Address 42 Grasmere Rd

City

Needham

State

MA

Zip Code

02494-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Needham Family Practice
Assoc., PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349667

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Leonard Martin Finn, MD

Mailing Address 42 Grasmere Rd

City

Needham

State

MA

Zip Code

02494-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Needham Family Practice
Assoc... PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349668

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Matthew P Finneran, MD

Mailing Address 251 Leatherman Rd

City

Wadsworth

State

OH

Zip Code

44281-9236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349666

Amount of Each Receipt this Period

265.00

C.

Full Name (Last, First, Middle Initial)

Nancy Wells Finnerty, MD

Mailing Address 13417 Us Highway 301

City

Dade City

State

FL

Zip Code

33525-5446

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Medical Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349664

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tad Fisher

Mailing Address Exec Vice Pres - FL AFP
6720 Atlantic Blvd

City State Zip Code
Jacksonville FL 32211-8730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Academy of Family
Physicians

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: C325466

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

David C Flinders, MD

Mailing Address Utah Valley Family Medicine
475 W 940 N

City State Zip Code
Provo UT 84604-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
IHC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349665

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Joseph A Florence, MD

Mailing Address ETSU Dept of Fam Med
PO Box 70621

City State Zip Code
Johnson City TN 37614-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Tennessee State Univ-
ersity

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: C322054

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Charles Foster, MD

Mailing Address 5522 E 90th St
Ste 108

City State Zip Code
Tulsa OK 74137-3585

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard Family Physician

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: C353509

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Emma Frank, MD

Mailing Address 2499 Kapiolani Blvd
Apt 1509

City State Zip Code
Honolulu HI 96826-5311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349629

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Leonard Michael Fromer, MD

Mailing Address 15525 Hamner Dr

City State Zip Code
Los Angeles CA 90077-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: C324252

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan J Gallo, MD

Mailing Address HC 30 Box 8180

City

State

Zip Code

Miles City

MT

59301-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	7

Transaction ID: C324256

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Theresa C Garcia, MD

Mailing Address 1203 Buckner Tarsney Rd Ste C

City

State

Zip Code

Grain Valley

MO

64029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garcia Family Medicine &
Winens HealthOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	7

Transaction ID: C349626

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michelle H Gardner, MD

Mailing Address 15032 Kings Row Rd

City

State

Zip Code

Caldwell

ID

83607-8370

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Al's Medical GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	2	/	2	0	0	7

Transaction ID: C349625

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elizabeth Ann Garrett, MD

Mailing Address 2409 Kyle Dr

City

Columbia

State

MO

Zip Code

65203-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of MO - Colum-
bia

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349201

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Andrea M Gavin, MD

Mailing Address 2636 Eastern Ave

City

Plymouth

State

WI

Zip Code

53073-4269

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322181

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321638

Amount of Each Receipt this Period

92.73

SUBTOTAL of Receipts This Page (optional)

957.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325383

Amount of Each Receipt this Period

92.73

B.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345657

Amount of Each Receipt this Period

92.73

C.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: C351149

Amount of Each Receipt this Period

92.73

SUBTOTAL of Receipts This Page (optional)

278.19

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: C366874

Amount of Each Receipt this Period

92.73

B.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C374033

Amount of Each Receipt this Period

92.70

C.

Full Name (Last, First, Middle Initial)

Bob Arvid Grubbs, MD

Mailing Address 9817 Farmington Rd

City

Tuscaloosa

State

AL

Zip Code

35405-9427

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321725

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

550.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kate K Gunnell, MD

Mailing Address Hinsdale Family Med Ctr
135 N Oak St

City State Zip Code
Hinsdale IL 60521-3860

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hinsdale Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349218

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Patrick B Harr, MD

Mailing Address 1027 Victory Ln

City State Zip Code
Maryville MO 64468-3803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349137

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Boyde Jerome Harrison, MD

Mailing Address PO Box 655
904 26th St

City State Zip Code
Haleyville AL 35565-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: C350282

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Michel Harsha, MD

Mailing Address 7522 Chestnut Hills Dr

City

Indianapolis

State

IN

Zip Code

46278-1781

FEC ID number of contributing
federal political committee.**C**Name of Employer
St. Vincent HospitalsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	7

Transaction ID: C321568

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

David Grant Heald, MD

Mailing Address 134 Baypath Dr

City

Oak Ridge

State

TN

Zip Code

37830-7851

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	7

Transaction ID: C319692

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Caryl J Heaton, DO

Mailing Address 185 S Orange Ave MSB B648

City

Newark

State

NJ

Zip Code

07103-2757

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: C346040

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional)

606.25

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Caryl J Heaton, DO

Mailing Address 185 S Orange Ave MSB B648

City

Newark

State

NJ

Zip Code

07103-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: C351150

Amount of Each Receipt this Period

91.25

B.

Full Name (Last, First, Middle Initial)

Caryl J Heaton, DO

Mailing Address 185 S Orange Ave MSB B648

City

Newark

State

NJ

Zip Code

07103-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Transaction ID: C366875

Amount of Each Receipt this Period

91.25

C.

Full Name (Last, First, Middle Initial)

Caryl J Heaton, DO

Mailing Address 185 S Orange Ave MSB B648

City

Newark

State

NJ

Zip Code

07103-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: C374034

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional)

273.75

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City	State	Zip Code
Vass	NC	28394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Biltmore Medical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	7	/	2	0	0	7

Transaction ID: C345466

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City	State	Zip Code
Sioux Falls	SD	57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	7

Transaction ID: C321639

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City	State	Zip Code
Sioux Falls	SD	57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	7

Transaction ID: C325384

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039City State Zip Code
Sioux Falls SD 57117-5039FEC ID number of contributing
federal political committee.**C**Name of Employer
Sioux Valley Health SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	0	/	2	0	0	7

Transaction ID: C345658

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039City State Zip Code
Sioux Falls SD 57117-5039FEC ID number of contributing
federal political committee.**C**Name of Employer
Sioux Valley Health SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: C351152

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039City State Zip Code
Sioux Falls SD 57117-5039FEC ID number of contributing
federal political committee.**C**Name of Employer
Sioux Valley Health SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

Transaction ID: C366876

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address 1305 W 18th St
PO Box 5039

City State Zip Code
Sioux Falls SD 57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C374035

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City State Zip Code
Tallahassee FL 32303-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patients First North, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321642

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City State Zip Code
Tallahassee FL 32303-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patients First North, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325385

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City

Tallahassee

State

FL

Zip Code

32303-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patients First North, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345660

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City

Tallahassee

State

FL

Zip Code

32303-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patients First North, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 7

Transaction ID: C351153

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City

Tallahassee

State

FL

Zip Code

32303-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patients First North, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: C366891

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas Lynn Hicks, MD

Mailing Address 3258 N Monroe St

City

Tallahassee

State

FL

Zip Code

32303-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patients First North, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C374038

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Marcus T Higi, MD

Mailing Address 1423 E Main St # 119

City

Cortez

State

CO

Zip Code

81321-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322149

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David J Hoelting, MD

Mailing Address 100 ValleyView Dr
P.O. Box 283

City

Pender

State

NE

Zip Code

68047-0609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: C322948

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Richard Holman, MD

Mailing Address 578 Inverlochy Dr

City

Fallbrook

State

CA

Zip Code

92028-5417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naval Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321709

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Brian Lee Holmes, MD

Mailing Address 1111 N Brady St Ste B

City

Abilene

State

KS

Zip Code

67410-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Clinic, LLP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321644

Amount of Each Receipt this Period

45.61

C.

Full Name (Last, First, Middle Initial)

Brian Lee Holmes, MD

Mailing Address 1111 N Brady St Ste B

City

Abilene

State

KS

Zip Code

67410-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Clinic, LLP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325386

Amount of Each Receipt this Period

45.61

SUBTOTAL of Receipts This Page (optional)

456.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Lee Holmes, MD

Mailing Address 1111 N Brady St Ste B

City

Abilene

State

KS

Zip Code

67410-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Clinic, LLP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345661

Amount of Each Receipt this Period

45.61

B.

Full Name (Last, First, Middle Initial)

Brian Lee Holmes, MD

Mailing Address 1111 N Brady St Ste B

City

Abilene

State

KS

Zip Code

67410-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Clinic, LLP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351172

Amount of Each Receipt this Period

45.61

C.

Full Name (Last, First, Middle Initial)

Brian Lee Holmes, MD

Mailing Address 1111 N Brady St Ste B

City

Abilene

State

KS

Zip Code

67410-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Clinic, LLP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: C366900

Amount of Each Receipt this Period

45.61

SUBTOTAL of Receipts This Page (optional)

136.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Lee Holmes, MD

Mailing Address 1111 N Brady St Ste B

City

Abilene

State

KS

Zip Code

67410-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Clinic, LLP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C374039

Amount of Each Receipt this Period

45.80

B.

Full Name (Last, First, Middle Initial)

Joel E Hornung, MD

Mailing Address 604 N Washington St

City

Council Grove

State

KS

Zip Code

66846-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Health Center of
Morris County

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 7

Transaction ID: C349343

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Leonard Marc Horowitz, MD

Mailing Address 119 Rockaway Ave

City

Marblehead

State

MA

Zip Code

01945-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 7

Transaction ID: C367618

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

810.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven A House, MD

Mailing Address Family Health Center

3790 Eisenhower Pkwy.

City

Macon

State

GA

Zip Code

31206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercer University School
of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: C345591

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mary Marcella Huff, MD

Mailing Address 402 May St

City

Sweetwater

State

TN

Zip Code

37874-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321651

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Anthony Craig Jaspers, MD

Mailing Address 221 S Murphy St

City

Lake Crystal

State

MN

Zip Code

56055-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mankato Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: C315689

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

655.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 65 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph M Jeu, MD

Mailing Address 3958 Leap Rd

City

Hilliard

State

OH

Zip Code

43026-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hilliard Family Medicine,
Inc.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349180

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carol Ann Johnson, MD

Mailing Address 5303 E 46th St N

City

Wichita

State

KS

Zip Code

67220-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Services of Kan-
sas

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349135

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Arthur Patrick Jonas, MD

Mailing Address 1882 River Ridge Dr

City

Spring Valley

State

OH

Zip Code

45370-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: C343533

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)

938.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 210

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arthur Patrick Jonas, MD

Mailing Address 1882 River Ridge Dr

City

Spring Valley

State

OH

Zip Code

45370-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C345663

Amount of Each Receipt this Period

73.00

B.

Full Name (Last, First, Middle Initial)

Arthur Patrick Jonas, MD

Mailing Address 1882 River Ridge Dr

City

Spring Valley

State

OH

Zip Code

45370-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351173

Amount of Each Receipt this Period

73.00

C.

Full Name (Last, First, Middle Initial)

Arthur Patrick Jonas, MD

Mailing Address 1882 River Ridge Dr

City

Spring Valley

State

OH

Zip Code

45370-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: C366905

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)

219.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 210

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arthur Patrick Jonas, MD

Mailing Address 1882 River Ridge Dr

City

Spring Valley

State

OH

Zip Code

45370-9780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374139

Amount of Each Receipt this Period

73.00

B.

Full Name (Last, First, Middle Initial)

John Boyd Jones, MD

Mailing Address 300 S Byron Blvd

City

Chamberlain

State

SD

Zip Code

57325-9741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 7

Transaction ID: C315601

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Faheem M Jukaku, MD

Mailing Address 4985 Hidden Glen Ln

City

Yorba Linda

State

CA

Zip Code

92887-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCRMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321656

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1173.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Faheem M Jukaku, MD

Mailing Address 4985 Hidden Glen Ln

City

Yorba Linda

State

CA

Zip Code

92887-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCRMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325387

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Faheem M Jukaku, MD

Mailing Address 4985 Hidden Glen Ln

City

Yorba Linda

State

CA

Zip Code

92887-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCRMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346038

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Algirdas A Juocys, DO

Mailing Address 5689 Carrollton Ct

City

Rochester

State

MI

Zip Code

48306-2397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 0 7

Transaction ID: C322019

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark S Keating, MD

Mailing Address 801 20th Ave E

City

Jasper

State

AL

Zip Code

35501-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Health Associates
PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322136

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Vincent D Keenan, CAE

Mailing Address 4756 Main St

City

Lisle

State

IL

Zip Code

60532-1724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Academy of Family
Physicians

Occupation
Association Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: C321657

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Christina Marie Kelly, MD

Mailing Address 6502 62nd Street Ct W

City

University Place

State

WA

Zip Code

98467-4954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multicare

Occupation
Resident Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C349110

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)

747.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christina Marie Kelly, MD

Mailing Address 6502 62nd Street Ct W

City

University Place

State

WA

Zip Code

98467-4954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multicare

Occupation

Resident Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: C366908

Amount of Each Receipt this Period

122.00

B.

Full Name (Last, First, Middle Initial)

Christina Marie Kelly, MD

Mailing Address 6502 62nd Street Ct W

City

University Place

State

WA

Zip Code

98467-4954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multicare

Occupation

Resident Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374140

Amount of Each Receipt this Period

121.00

C.

Full Name (Last, First, Middle Initial)

Michael L Kennedy, MD

Mailing Address Mail Stop 4010
3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66160-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Kansas School of
Medicine

Occupation

Assistant Professor Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321664

Amount of Each Receipt this Period

36.50

SUBTOTAL of Receipts This Page (optional)

279.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 210

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael L Kennedy, MD

Mailing Address Mail Stop 4010

3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66160-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Kansas School of
Medicine

Occupation

Assistant Professor Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C349109

Amount of Each Receipt this Period

122.00

B.

Full Name (Last, First, Middle Initial)

Michael L Kennedy, MD

Mailing Address Mail Stop 4010

3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66160-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Kansas School of
Medicine

Occupation

Assistant Professor Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: C366909

Amount of Each Receipt this Period

122.00

C.

Full Name (Last, First, Middle Initial)

Michael L Kennedy, MD

Mailing Address Mail Stop 4010

3901 Rainbow Blvd

City

Kansas City

State

KS

Zip Code

66160-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. of Kansas School of
Medicine

Occupation

Assistant Professor Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374141

Amount of Each Receipt this Period

121.00

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kiran B Khanolkar, MD

Mailing Address 2743 355th St

City

Keokuk

State

IA

Zip Code

52632-9805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tristate Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C349108

Amount of Each Receipt this Period

122.00

B.

Full Name (Last, First, Middle Initial)

Kiran B Khanolkar, MD

Mailing Address 2743 355th St

City

Keokuk

State

IA

Zip Code

52632-9805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tristate Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: C366927

Amount of Each Receipt this Period

122.00

C.

Full Name (Last, First, Middle Initial)

Kiran B Khanolkar, MD

Mailing Address 2743 355th St

City

Keokuk

State

IA

Zip Code

52632-9805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tristate Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374142

Amount of Each Receipt this Period

121.00

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan Karen Kinast-Porter, MD

Mailing Address 2302 11th St

City

Monroe

State

WI

Zip Code

53566-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Monroe Clinic TMCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	7

Transaction ID: C349106

Amount of Each Receipt this Period

265.00

B.

Full Name (Last, First, Middle Initial)

Gregory King, MD

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
family physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	7

Transaction ID: C366872

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Michael R King, MD

Mailing Address UK Dept of Family Medicine
K302 Kentucky Clinic

City

Lexington

State

KY

Zip Code

40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of KentuckyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	7

Transaction ID: C321658

Amount of Each Receipt this Period

45.61

SUBTOTAL of Receipts This Page (optional)

675.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael R King, MD

Mailing Address UK Dept of Family Medicine
K302 Kentucky Clinic

City State Zip Code
Lexington KY 40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325388

Amount of Each Receipt this Period

45.61

B.

Full Name (Last, First, Middle Initial)

Michael R King, MD

Mailing Address UK Dept of Family Medicine
K302 Kentucky Clinic

City State Zip Code
Lexington KY 40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346039

Amount of Each Receipt this Period

45.61

C.

Full Name (Last, First, Middle Initial)

Michael R King, MD

Mailing Address UK Dept of Family Medicine
K302 Kentucky Clinic

City State Zip Code
Lexington KY 40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351174

Amount of Each Receipt this Period

45.61

SUBTOTAL of Receipts This Page (optional)

136.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael R King, MD

Mailing Address UK Dept of Family Medicine
K302 Kentucky Clinic

City State Zip Code
Lexington KY 40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367313

Amount of Each Receipt this Period

45.61

B.

Full Name (Last, First, Middle Initial)

Michael R King, MD

Mailing Address UK Dept of Family Medicine
K302 Kentucky Clinic

City State Zip Code
Lexington KY 40536-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kentucky

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.07

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374143

Amount of Each Receipt this Period

45.80

C.

Full Name (Last, First, Middle Initial)

Patricia P King, MD

Mailing Address Brevard Va Outpatient Clinic
2900 Veterans Way

City State Zip Code
Viera FL 32940-8007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brevard VAOPC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322173

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

456.41

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Diane D Klingman, MD

Mailing Address 3009 N Cypress Dr

City

Wichita

State

KS

Zip Code

67226-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Preferred Medical Associa-
tes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: C375044

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Steven D Knight, MD

Mailing Address Primary Care Group
117 E Clark St

City

Harrisburg

State

IL

Zip Code

62946-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primary Care Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: C343528

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jason L Knudson, MD

Mailing Address 1420 N 10th St

City

Spearfish

State

SD

Zip Code

57783-1532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: C321218

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William Eric Kobler, MD

Mailing Address 6729 Mill Brook Dr

City

Rockford

State

IL

Zip Code

61108-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Healthcare Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: C350360

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Scott Koontz, MD

Mailing Address 5903 N East Parkview St

City

Park City

State

KS

Zip Code

67219-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Center for Medical
Graduate Ed

Occupation
Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321659

Amount of Each Receipt this Period

45.63

C.

Full Name (Last, First, Middle Initial)

Jennifer Scott Koontz, MD

Mailing Address 5903 N East Parkview St

City

Park City

State

KS

Zip Code

67219-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Center for Medical
Graduate Ed

Occupation
Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: C325424

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

456.26

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Scott Koontz, MD

Mailing Address 5903 N East Parkview St

City

Park City

State

KS

Zip Code

67219-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Center for Medical
Graduate Ed

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.01

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346051

Amount of Each Receipt this Period

45.63

B.

Full Name (Last, First, Middle Initial)

Jennifer Scott Koontz, MD

Mailing Address 5903 N East Parkview St

City

Park City

State

KS

Zip Code

67219-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Center for Medical
Graduate Ed

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.01

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351175

Amount of Each Receipt this Period

45.63

C.

Full Name (Last, First, Middle Initial)

Jennifer Scott Koontz, MD

Mailing Address 5903 N East Parkview St

City

Park City

State

KS

Zip Code

67219-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Center for Medical
Graduate Ed

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.01

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367315

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

136.89

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Scott Koontz, MD

Mailing Address 5903 N East Parkview St

City

Park City

State

KS

Zip Code

67219-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wichita Center for Medical
Graduate Ed

Occupation

Resident Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.01

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374147

Amount of Each Receipt this Period

45.60

B.

Full Name (Last, First, Middle Initial)

Kaparaboyana Ashok Kumar, MD

Mailing Address UTHSC Dept of Fam Med
7703 Floyd Curl Dr MSC7794

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C349100

Amount of Each Receipt this Period

122.00

C.

Full Name (Last, First, Middle Initial)

Kaparaboyana Ashok Kumar, MD

Mailing Address UTHSC Dept of Fam Med
7703 Floyd Curl Dr MSC7794

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367326

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)

289.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kaparaboyana Ashok Kumar, MD

Mailing Address UTHSC Dept of Fam Med

7703 Floyd Curl Dr MSC7794

City

San Antonio

State

TX

Zip Code

78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374148

Amount of Each Receipt this Period

121.00

B.

Full Name (Last, First, Middle Initial)

Marianne C LaBarbera, MD

Mailing Address 1975 Hylan Blvd Ste 1

City

Staten Island

State

NY

Zip Code

10306-3523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C349098

Amount of Each Receipt this Period

122.00

C.

Full Name (Last, First, Middle Initial)

Marianne C LaBarbera, MD

Mailing Address 1975 Hylan Blvd Ste 1

City

Staten Island

State

NY

Zip Code

10306-3523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367332

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marianne C LaBarbera, MD

Mailing Address 1975 Hylan Blvd Ste 1

City

Staten Island

State

NY

Zip Code

10306-3523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374149

Amount of Each Receipt this Period

121.00

B.

Full Name (Last, First, Middle Initial)

Arne T Lagus, MD

Mailing Address St Croix Regional Med Ctr
204 S Adams St

City

Saint Croix Falls

State

WI

Zip Code

54024-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Croix Regional Medical
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: C343791

Amount of Each Receipt this Period

91.25

C.

Full Name (Last, First, Middle Initial)

Arne T Lagus, MD

Mailing Address St Croix Regional Med Ctr
204 S Adams St

City

Saint Croix Falls

State

WI

Zip Code

54024-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Croix Regional Medical
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351176

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional)

303.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Arne T Lagus, MD

Mailing Address St Croix Regional Med Ctr
204 S Adams St

City State Zip Code
Saint Croix Falls WI 54024-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Croix Regional Medical
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367336

Amount of Each Receipt this Period

91.25

B.

Full Name (Last, First, Middle Initial)

Arne T Lagus, MD

Mailing Address St Croix Regional Med Ctr
204 S Adams St

City State Zip Code
Saint Croix Falls WI 54024-9449

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Croix Regional Medical
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374151

Amount of Each Receipt this Period

91.25

C.

Full Name (Last, First, Middle Initial)

Edward L Langston, MD

Mailing Address 4708 Doe Path Ln

City State Zip Code
Lafayette IN 47905-8528

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Network
of Indiana, LL

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C349099

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

547.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Frank Lawler, MD

Mailing Address Univ Ok/Dept Fam Med
900 NE 10th St

City State Zip Code
Oklahoma City OK 73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: C319885

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Darlene L Lawrence, MD

Mailing Address Imani Health Care PC
PO Box 29182

City State Zip Code
Washington DC 20017-0182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imani Health Care, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C348824

Amount of Each Receipt this Period

122.00

C.

Full Name (Last, First, Middle Initial)

Darlene L Lawrence, MD

Mailing Address Imani Health Care PC
PO Box 29182

City State Zip Code
Washington DC 20017-0182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imani Health Care, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367338

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)

609.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Darlene L Lawrence, MD

Mailing Address Imani Health Care PC
PO Box 29182

City State Zip Code
Washington DC 20017-0182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imani Health Care, PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374153

Amount of Each Receipt this Period

121.00

B.

Full Name (Last, First, Middle Initial)

Robert A Lee, MD

Mailing Address 5501 NW 86th St Ste 300

City State Zip Code
Johnston IA 50131-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee and Ruisch

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: C319709

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

E John Lentini, DO

Mailing Address Braintree Fam Phys Inc
382 Grove St

City State Zip Code
Braintree MA 02184-7398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Braintree Fam Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C348836

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

851.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary L LeRoy, MD

Mailing Address 761 Kenilworth Ave

City

Dayton

State

OH

Zip Code

45405-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Valley Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: C343535

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jonathan S Lindgren, MD

Mailing Address 1807 NE 52nd Ave

City

Portland

State

OR

Zip Code

97213-2729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health Systems

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: C321567

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Patricia Jean Lindholm, MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fergus Falls Medical Group, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 7

Transaction ID: C323600

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patricia Jean Lindholm, MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fergus Falls Medical Group, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346050

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Patricia Jean Lindholm, MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fergus Falls Medical Group, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351177

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Patricia Jean Lindholm, MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fergus Falls Medical Group, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367339

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alma J Brown Littles, MD

Mailing Address Dept of Fam Med Rural Health
Florida State University COM

City State Zip Code
Tallahassee FL 32306-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
FSU College of Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: C352020

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Beth Lawson Loney

Mailing Address 610 E 13th St

City State Zip Code
Eudora KS 66025-9316

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas

Occupation
Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: C323563

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Beth Lawson Loney

Mailing Address 610 E 13th St

City State Zip Code
Eudora KS 66025-9316

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas

Occupation
Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C348830

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Corazon B Loteyro Wason, MD

Mailing Address 4285 Windsong Pl

City

Plover

State

WI

Zip Code

54467-9018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Great View Health Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.25

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321660

Amount of Each Receipt this Period

68.75

B.

Full Name (Last, First, Middle Initial)

Kern S Low, MD

Mailing Address Comprehensive Family Care Ctr
916 Indiana Ave Ste 120

City

Pueblo

State

CO

Zip Code

81004-3572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive Family Care
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321732

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Brian D Lum, MD

Mailing Address Ste 3700
2000 E Greenville St

City

Anderson

State

SC

Zip Code

29621-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Area Medical Cen-
ter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321661

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

464.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Ashley Lynch, MD

Mailing Address 120 N Shore Dr

City

Bellingham

State

WA

Zip Code

98226-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Care Network

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322155

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Paul E Lyons, MD

Mailing Address 1614 Flat Rock Rd

City

Narberth

State

PA

Zip Code

19072-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321662

Amount of Each Receipt this Period

73.00

C.

Full Name (Last, First, Middle Initial)

Paul E Lyons, MD

Mailing Address 1614 Flat Rock Rd

City

Narberth

State

PA

Zip Code

19072-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325389

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)

511.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul E Lyons, MD

Mailing Address 1614 Flat Rock Rd

City

Narberth

State

PA

Zip Code

19072-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346054

Amount of Each Receipt this Period

73.00

B.

Full Name (Last, First, Middle Initial)

Leah Raye Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321663

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Leah Raye Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325391

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

313.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Leah Raye Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346055

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Leah Raye Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351178

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

Leah Raye Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367341

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Leah Raye Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374159

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

Michael L Madden, MD

Mailing Address 4907 Windermere Blvd

City

Alexandria

State

LA

Zip Code

71303-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer
L.S. U. HSC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322124

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard F Madden, MD

Mailing Address 609 Christopher Dr

City

Belen

State

NM

Zip Code

87002-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Healthcare
Services

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C343555

Amount of Each Receipt this Period

540.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ayaz T Madraswalla, MD

Mailing Address 34 Professional Park Rd

City

State

Zip Code

Storrs

CT

06268-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mansfield Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C349090

Amount of Each Receipt this Period

122.00

B.

Full Name (Last, First, Middle Initial)

Ayaz T Madraswalla, MD

Mailing Address 34 Professional Park Rd

City

State

Zip Code

Storrs

CT

06268-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mansfield Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: C367342

Amount of Each Receipt this Period

122.00

C.

Full Name (Last, First, Middle Initial)

Ayaz T Madraswalla, MD

Mailing Address 34 Professional Park Rd

City

State

Zip Code

Storrs

CT

06268-1667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mansfield Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374162

Amount of Each Receipt this Period

121.00

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James Joseph Magee, MD

Mailing Address 11811 Old Spanish Trl

City

Orland Park

State

IL

Zip Code

60467-6838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primary Health Associates
PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349188

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Robert C Marshall, MD

Mailing Address 2001 28th Street Ct NW

City

Gig Harbor

State

WA

Zip Code

98335-7987

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: C316434

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Robert C Marshall, MD

Mailing Address 2001 28th Street Ct NW

City

Gig Harbor

State

WA

Zip Code

98335-7987

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321665

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Melissa L Martinez, MD

Mailing Address 32 Chavez Rd

City

Belen

State

NM

Zip Code

87002-7567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C348827

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

David Vincent Maruska, MD

Mailing Address Fond Du Lac Reg Cl
420 E Division St

City

Fond Du Lac

State

WI

Zip Code

54935-4560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: C324263

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William F Mayo, MD

Mailing Address 6020 Lyons Rd

City

Dublin

State

VA

Zip Code

24084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dublin Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: C374090

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 96 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Catherine McCarthy, MD

Mailing Address UNRSOM 316

City

Reno

State

NV

Zip Code

89557

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNRSOM

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 7

Transaction ID: C351006

Amount of Each Receipt this Period

265.00

B.

Full Name (Last, First, Middle Initial)

Debra O McCaul, MD

Mailing Address 1100 W 10th St Ste 140

City

Rolla

State

MO

Zip Code

65401-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Sisters of Mer-
cy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: C345467

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Terry L McGeeney, MD

Mailing Address 4000 W 114th St
Ste 190

City

Leawood

State

KS

Zip Code

66211-2674

FEC ID number of contributing
federal political committee.

C

Name of Employer
TransforMED/AAFP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: C345441

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1015.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David A McInnes, MD

Mailing Address St Vincent Family Medicine Ctr
2627 Riverside Ave

City State Zip Code
Jacksonville FL 32204-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. VINCENT'S MEDICAL CEN-
TER

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: C343811

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John s Meigs, MD

Mailing Address PO Box 289

City State Zip Code
Brent AL 35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321666

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

John s Meigs, MD

Mailing Address PO Box 289

City State Zip Code
Brent AL 35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325392

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John s Meigs, MD

Mailing Address PO Box 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346061

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

John s Meigs, MD

Mailing Address PO Box 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351179

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)

John s Meigs, MD

Mailing Address PO Box 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367421

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John s Meigs, MD

Mailing Address PO Box 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374163

Amount of Each Receipt this Period

62.50

B.

Full Name (Last, First, Middle Initial)

Gary R Mennie, MD

Mailing Address 2770 Aero Dr Ste 1

City

Port Arthur

State

TX

Zip Code

77640-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 0 7

Transaction ID: C322922

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gary R Mennie, MD

Mailing Address 2770 Aero Dr Ste 1

City

Port Arthur

State

TX

Zip Code

77640-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346338

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

162.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary R Mennie, MD

Mailing Address 2770 Aero Dr Ste 1

City

Port Arthur

State

TX

Zip Code

77640-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351180

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Gary R Mennie, MD

Mailing Address 2770 Aero Dr Ste 1

City

Port Arthur

State

TX

Zip Code

77640-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367431

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Gary R Mennie, MD

Mailing Address 2770 Aero Dr Ste 1

City

Port Arthur

State

TX

Zip Code

77640-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374164

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

M Diana Metzger, MD

Mailing Address 604 Baldwin Ln

City

Wilmington

State

DE

Zip Code

19803-3502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: C367610

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address Conover Family Practice
PO Box 1239

City

Conover

State

NC

Zip Code

28613-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crown Health CareOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	7

Transaction ID: C321667

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address Conover Family Practice
PO Box 1239

City

Conover

State

NC

Zip Code

28613-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crown Health CareOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	7

Transaction ID: C325467

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address Conover Family Practice
PO Box 1239

City	State	Zip Code
Conover	NC	28613-1239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crown Health CareOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: C346064

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Arthur Hal Miller, MD

Mailing Address 505 Raritan Ave

City	State	Zip Code
Highland Park	NJ	08904-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Park Family Prac-
ticeOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	7

Transaction ID: C316519

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Gregory J Miller, MD

Mailing Address 1687 E Division St

City	State	Zip Code
River Falls	WI	54022-1571

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Falls Medical ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	7

Transaction ID: C322935

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jon A Miller, MD

Mailing Address 1046 7th St W

City

Whitefish

State

MT

Zip Code

59937-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glacier Medical Associati-
on

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 7

Transaction ID: C348825

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mitchell B Miller, MD

Mailing Address 1305 Holly Point Road

City

Virginia Beach

State

VA

Zip Code

23454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Family Practice,
P.C.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 7

Transaction ID: C345436

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Susan Ann Miller, MD

Mailing Address 1003 West Ave

City

Richmond

State

VA

Zip Code

23220-3717

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325324

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anne M Montgomery, MD

Mailing Address Family Medicine Spokane
104 W 5th Ave Ste 200W

City State Zip Code
Spokane WA 99204-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Empire Hospital Se-
rvices Associ

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C346438

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Stephen Irwin Moore, III

Mailing Address Fam Med Assoc of Raleigh
3500 Bush St #103

City State Zip Code
Raleigh NC 27609-7509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medical Associates
of Raleigh

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321674

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dale C Moquist, MD

Mailing Address Memorial Family Med Resident
7737 Southwest Fwy Ste 400

City State Zip Code
Houston TX 77074-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHHS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321668

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dale C Moquist, MD

Mailing Address Memorial Family Med Resident
7737 Southwest Fwy Ste 400

City State Zip Code
Houston TX 77074-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHHS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325394

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Dale C Moquist, MD

Mailing Address Memorial Family Med Resident
7737 Southwest Fwy Ste 400

City State Zip Code
Houston TX 77074-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHHS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346070

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dale C Moquist, MD

Mailing Address Memorial Family Med Resident
7737 Southwest Fwy Ste 400

City State Zip Code
Houston TX 77074-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHHS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351181

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dale C Moquist, MD

Mailing Address Memorial Family Med Resident
7737 Southwest Fwy Ste 400

City State Zip Code
Houston TX 77074-1804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHHS

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367462

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Sherri L Morgan, MD

Mailing Address Mt Carmel Fam Prac Ctr
2150 Marble Cliff Office Park

City State Zip Code
Columbus OH 43215-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321669

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Sherri L Morgan, MD

Mailing Address Mt Carmel Fam Prac Ctr
2150 Marble Cliff Office Park

City State Zip Code
Columbus OH 43215-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325395

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sherri L Morgan, MD

Mailing Address Mt Carmel Fam Prac Ctr

2150 Marble Cliff Office Park

City

State

Zip Code

Columbus

OH

43215-1056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346073

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Julio E Navarro, MD

Mailing Address 1533 Robert Burns Ct

City

State

Zip Code

Bear

DE

19701-4748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizons Family Practice
PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348440

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mary S Nguyen Poole, MD

Mailing Address 409 Madrid St

City

State

Zip Code

Castroville

TX

78009-4527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 7 / 2 0 0 7

Transaction ID: C352811

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

761.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

R W Nicholson, MD

Mailing Address 801 Cobblestone Dr

City

Evansville

State

IN

Zip Code

47715-4288

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Evanstonville

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348439

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas E Norris, MD

Mailing Address 4618 NE 89th St

City

Seattle

State

WA

Zip Code

98115-3968

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C349094

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Carl Raymond Olden, MD

Mailing Address 1020 S 40th Ave Ste C

City

Yakima

State

WA

Zip Code

98908-3800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Poatz Crest Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 7

Transaction ID: C324264

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael A Oller

Mailing Address 1919 Olathe Blvd
Apt 207

City	State	Zip Code
Kansas City	KS	66103-3335

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: C348437

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Cheyn D Onarecker, MD

Mailing Address 608 NW 9th St Ste 1000
Ste 1000

City	State	Zip Code
Oklahoma City	OK	73102-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: C348436

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City	State	Zip Code
Columbia	MD	21046-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Physicians, PAOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	7

Transaction ID: C321670

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)

775.63

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Physicians, PAOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	7

Transaction ID: C325396

Amount of Each Receipt this Period

45.63

B.

Full Name (Last, First, Middle Initial)

Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Physicians, PAOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	1	/	2	0	0	7

Transaction ID: C346074

Amount of Each Receipt this Period

45.63

C.

Full Name (Last, First, Middle Initial)

Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Physicians, PAOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: C351182

Amount of Each Receipt this Period

45.62

SUBTOTAL of Receipts This Page (optional)

136.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Physicians, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.05

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367485

Amount of Each Receipt this Period

45.61

B.

Full Name (Last, First, Middle Initial)

Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Physicians, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.05

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374165

Amount of Each Receipt this Period

45.67

C.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321671

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

141.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325397

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346079

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351183

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367540

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO Box 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Illinois

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374166

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Neil Robert Oslos, MD

Mailing Address P O Box 2830 F P R P
303 N Clyde Morris Blvd

City

Daytona Beach

State

FL

Zip Code

32114-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: C325428

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Daniel J Ostergaard, MD

Mailing Address 14547 S Hagan St

City

Olathe

State

KS

Zip Code

66062-9001

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Family
Physicians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: C344030

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Maureen O Padden, MD

Mailing Address 9111 Kirkdale Rd

City

Bethesda

State

MD

Zip Code

20817-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321803

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Maureen O Padden, MD

Mailing Address 9111 Kirkdale Rd

City

Bethesda

State

MD

Zip Code

20817-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325398

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Maureen O Padden, MD

Mailing Address 9111 Kirkdale Rd

City

Bethesda

State

MD

Zip Code

20817-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346083

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Maureen O Padden, MD

Mailing Address 9111 Kirkdale Rd

City

Bethesda

State

MD

Zip Code

20817-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351184

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Maureen O Padden, MD

Mailing Address 9111 Kirkdale Rd

City

Bethesda

State

MD

Zip Code

20817-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367542

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Maureen O Padden, MD

Mailing Address 9111 Kirkdale Rd

City

Bethesda

State

MD

Zip Code

20817-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer
US NavyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	7

Transaction ID: C374169

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Joseph Michael Parra, MD

Mailing Address 1631 S Michelle St

City

Wichita

State

KS

Zip Code

67207-6546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wesley Family medicineOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	1	/	2	0	0	7

Transaction ID: C349127

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Paul M Pelletier, MD

Mailing Address 81 Hillside Rd

City

Wallagrass

State

ME

Zip Code

04781-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fish River Rural HealthOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: C348432

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William E Raduege, MD

Mailing Address PO Box 1387

City

Woodruff

State

WI

Zip Code

54568-1387

FEC ID number of contributing
federal political committee.

C

Name of Employer
William E Raduege, MD, SC
(Corporation)

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349124

Amount of Each Receipt this Period

265.00

B.

Full Name (Last, First, Middle Initial)

Sterling N Ransone, Jr

Mailing Address 16681 General Puller Hwy
PO Box 916

City

Deltaville

State

VA

Zip Code

23043-0916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Physician Assoc-
iates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: C325445

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Richard Alan Reinking, MD

Mailing Address 3910 E 51st St

City

Tulsa

State

OK

Zip Code

74135-3606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springer Clinic, Inc

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 7

Transaction ID: C375045

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

880.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul J Reiss, MD

Mailing Address Evergreen Family Health
28 Park AveCity State Zip Code
Williston VT 05495-9701FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: C348430

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Robert E Reneker, Jr

Mailing Address 2652 Gullmont Dr SW

City State Zip Code
Grandville MI 49418-9302FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	7

Transaction ID: C387217

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Wayne J Reynolds, DO

Mailing Address 1732 Tyndall Point Ln

City State Zip Code
Gloucester Point VA 23062-2334FEC ID number of contributing
federal political committee.**C**Name of Employer
Sentana Medical GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	7

Transaction ID: C325429

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kelly G Rich, MD

Mailing Address 133 Wild Water Rd
PO Box 669

City State Zip Code
Epworth GA 30541-0669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hidden Valley Medical Cen-
ter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
08 13 2007

Transaction ID: C324262

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Elisabeth L Righter, MD

Mailing Address Fox Valley Fam Med Residency
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 24 2007

Transaction ID: C321804

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Elisabeth L Righter, MD

Mailing Address Fox Valley Fam Med Residency
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
08 21 2007

Transaction ID: C325400

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elisabeth L Righter, MD

Mailing Address Fox Valley Fam Med Residency
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346334

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Elisabeth L Righter, MD

Mailing Address Fox Valley Fam Med Residency
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351186

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Elisabeth L Righter, MD

Mailing Address Fox Valley Fam Med Residency
229 S Morrison St

City State Zip Code
Appleton WI 54911-5725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kettering Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367546

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)

232.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ralph Nichols Riley, MD

Mailing Address PO Box 248

City

Saluda

State

SC

Zip Code

29138-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riley Family Practice Ass-
ociates, PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: C343793

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Susan J Robertson, MD

Mailing Address 1420 W Midway Blvd
1420 W Midway Blvd

City

Broomfield

State

CO

Zip Code

80020-2090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Broomfield Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: C321913

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Mark David Robinson, MD

Mailing Address Cabarrus Family Medicine
270 Copperfield Blvd NE # 201

City

Concord

State

NC

Zip Code

28025-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C349926

Amount of Each Receipt this Period

265.00

SUBTOTAL of Receipts This Page (optional)

1130.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert R Rodak, DO

Mailing Address 6445 Pepper Ct

City

Erie

State

PA

Zip Code

16505-2673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamot Health FoundationOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	7

Transaction ID: C349215

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jeannine M Rodems, MD

Mailing Address 15 Suncrest Dr

City

Soquel

State

CA

Zip Code

95073-9709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	7

Transaction ID: C349207

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jerry Paul Rogers, MD

Mailing Address Dakota Clinic
420 Center Ave

City

Moorhead

State

MN

Zip Code

56560-1920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dakota ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	7

Transaction ID: C348428

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas W Rohde, MD

Mailing Address 4775 E. Maryland St

City

State

Zip Code

Decatur

IL

62521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 2 / 2 0 0 7

Transaction ID: C346436

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cynthia Corrine Romero, MD

Mailing Address 519 W 20th St Apt 308
Apt 308

City

State

Zip Code

Norfolk

VA

23517-1941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Romero Family Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325346

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

John J Saalwaechter, MD, MBA, C

Mailing Address 8095 N Elms Rd

City

State

Zip Code

Flushing

MI

48433-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Plus of Michigan

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321787

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kathleen Ann Saradarian, MD

Mailing Address 22 Wantage Ave Unit 3
PO Box 2457

City	State	Zip Code
Branchville	NJ	07826-2457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	0	7

Transaction ID: C321910

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

John Edward Sattenspiel, MD

Mailing Address 1800 Millrace Dr

City	State	Zip Code
Eugene	OR	97403-1992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Family Physicians,
PCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	7

Transaction ID: C350279

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

John Edward Sattenspiel, MD

Mailing Address 1800 Millrace Dr

City	State	Zip Code
Eugene	OR	97403-1992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Family Physicians,
PCOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: C367562

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John Edward Sattenspiel, MD

Mailing Address 1800 Millrace Dr

City

Eugene

State

OR

Zip Code

97403-1992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Salem Family Physicians,
PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374175

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Dennis F Saver, MD

Mailing Address 1265 36th St

City

Vero Beach

State

FL

Zip Code

32960-6574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primary Care of Treasure
Coast

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349123

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Tara Jolene Scheufler, DO

Mailing Address 588 Shelbourne Ln Apt 104

City

Dayton

State

OH

Zip Code

45458-6369

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322135

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

765.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 210
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Grover Schleifer, MD

Mailing Address 1720 E Reelfoot Ave Ste 101A

City

State

Zip Code

Union City

TN

38261-6048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321805

Amount of Each Receipt this Period

73.00

B.

Full Name (Last, First, Middle Initial)

Dean A Schultz, Jr

Mailing Address 6409 Bay Hill Dr

City

State

Zip Code

Abilene

TX

79606-5622

FEC ID number of contributing
federal political committee.

C

Name of Employer
APCA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 7

Transaction ID: C319782

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Schwager Jay Schwager, MD

Mailing Address 6528 E Carondelet Dr

City

State

Zip Code

Tucson

AZ

85710-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carondelet Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348403

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

688.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alan I Schwartzstein, MD

Mailing Address 753 N Main St

City

Oregon

State

WI

Zip Code

53575-1003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dean Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349120

Amount of Each Receipt this Period

265.00

B.

Full Name (Last, First, Middle Initial)

Patricia Ann Sereno, MD

Mailing Address 10 Morgan Ave

City

Stoneham

State

MA

Zip Code

02180-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hallmark Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348402

Amount of Each Receipt this Period

122.00

C.

Full Name (Last, First, Middle Initial)

Patricia Ann Sereno, MD

Mailing Address 10 Morgan Ave

City

Stoneham

State

MA

Zip Code

02180-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hallmark Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367548

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)

509.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patricia Ann Sereno, MD

Mailing Address 10 Morgan Ave

City

Stoneham

State

MA

Zip Code

02180-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hallmark Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374176

Amount of Each Receipt this Period

121.00

B.

Full Name (Last, First, Middle Initial)

Michael Sevilla, MD

Mailing Address Family Practice Ctr of Salem
2370 Southeast Blvd

City

Salem

State

OH

Zip Code

44460-3498

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center of
Salem

Occupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 0 7

Transaction ID: C321392

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Kevin P Shaffer, MD

Mailing Address 3822 Colonial Ave Ste A

City

Erie

State

PA

Zip Code

16506-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348401

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)

608.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin P Shaffer, MD

Mailing Address 3822 Colonial Ave Ste A

City

Erie

State

PA

Zip Code

16506-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: C367550

Amount of Each Receipt this Period

122.00

B.

Full Name (Last, First, Middle Initial)

Kevin P Shaffer, MD

Mailing Address 3822 Colonial Ave Ste A

City

Erie

State

PA

Zip Code

16506-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	7

Transaction ID: C374177

Amount of Each Receipt this Period

121.00

C.

Full Name (Last, First, Middle Initial)

Linda Peck Shields, MD

Mailing Address PO Box 217

City

Riverside

State

WA

Zip Code

98849-0217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wenatchee Valley ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	7

Transaction ID: C346445

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

493.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Aaron Burl Shives, MD

Mailing Address Brown Clinic
506 1st Ave SE

City State Zip Code
Watertown SD 57201-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321806

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Aaron Burl Shives, MD

Mailing Address Brown Clinic
506 1st Ave SE

City State Zip Code
Watertown SD 57201-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325401

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Aaron Burl Shives, MD

Mailing Address Brown Clinic
506 1st Ave SE

City State Zip Code
Watertown SD 57201-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346365

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Aaron Burl Shives, MD

Mailing Address Brown Clinic
506 1st Ave SE

City State Zip Code
Watertown SD 57201-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351187

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Aaron Burl Shives, MD

Mailing Address Brown Clinic
506 1st Ave SE

City State Zip Code
Watertown SD 57201-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367551

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Aaron Burl Shives, MD

Mailing Address Brown Clinic
506 1st Ave SE

City State Zip Code
Watertown SD 57201-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374179

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Domingo C Singson, MD

Mailing Address 1021 Gilpin Ave Ste 104

City

Wilmington

State

DE

Zip Code

19806-3271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Singson Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348399

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Texas
Health Scien

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321807

Amount of Each Receipt this Period

33.18

C.

Full Name (Last, First, Middle Initial)

Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Texas
Health Scien

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325402

Amount of Each Receipt this Period

33.18

SUBTOTAL of Receipts This Page (optional)

431.36

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Texas
Health Scien

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346372

Amount of Each Receipt this Period

33.18

B.

Full Name (Last, First, Middle Initial)

Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Texas
Health Scien

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351188

Amount of Each Receipt this Period

33.18

C.

Full Name (Last, First, Middle Initial)

Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Texas
Health Scien

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367552

Amount of Each Receipt this Period

33.18

SUBTOTAL of Receipts This Page (optional)

99.54

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Linda Marie Siy, MD

Mailing Address 4133 Bilglade Rd

City

Fort Worth

State

TX

Zip Code

76109-5436

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of North Texas
Health Science CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	7

Transaction ID: C374181

Amount of Each Receipt this Period

33.20

B.

Full Name (Last, First, Middle Initial)

Ellen George Smith, MD

Mailing Address Heritage Family Medicine
3 Walnut St Ste 205

City

Lemoyne

State

PA

Zip Code

17043-1168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Medical GroupOccupation
Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	8	/	2	0	0	7

Transaction ID: C350321

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Joseph Douglas Smith, MD

Mailing Address Rockingham Family Physicians
1751 Erickson Ave

City

Harrisonburg

State

VA

Zip Code

22801-8555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockingham Family Physi-
ciansOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	7

Transaction ID: C345472

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

763.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan J Solomon, MD

Mailing Address 3523 Edgevale Rd

City

Toledo

State

OH

Zip Code

43606-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Timberstone Family Physic-
ians

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349183

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Daniel R Spogen, MD

Mailing Address Dept Family Med Univ NV
Brigham Building #316

City

Reno

State

NV

Zip Code

89557-0046

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Nevada

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348389

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Larae G Stemmerman, DO

Mailing Address Infinity Medical
5409 Avenue O Ste 115

City

Fort Madison

State

IA

Zip Code

52627-9602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity Medical

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349187

Amount of Each Receipt this Period

315.00

SUBTOTAL of Receipts This Page (optional)

1045.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Suellywn Stewart, MD

Mailing Address 689 Cherrington Rd

City

Westerville

State

OH

Zip Code

43081-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU Physicians, Inc.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	7

Transaction ID: C343534

Amount of Each Receipt this Period

121.66

B.

Full Name (Last, First, Middle Initial)

Suellywn Stewart, MD

Mailing Address 689 Cherrington Rd

City

Westerville

State

OH

Zip Code

43081-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU Physicians, Inc.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

Transaction ID: C346502

Amount of Each Receipt this Period

121.66

C.

Full Name (Last, First, Middle Initial)

Suellywn Stewart, MD

Mailing Address 689 Cherrington Rd

City

Westerville

State

OH

Zip Code

43081-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU Physicians, Inc.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: C351189

Amount of Each Receipt this Period

121.68

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Linda Gonzales Stogner, MD

Mailing Address Esperanza Family Health Ctr
PO Box 807City State Zip Code
Estancia NM 87016-0807FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Medical Serv-
icesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321726

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Philip Wendell Stoyke, MD

Mailing Address 1853 Highland Pkwy

City State Zip Code
St. Paul MN 55116-1328FEC ID number of contributing
federal political committee.

C

Name of Employer
CentraCare ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: C321808

Amount of Each Receipt this Period

91.25

C.

Full Name (Last, First, Middle Initial)

Philip Wendell Stoyke, MD

Mailing Address 1853 Highland Pkwy

City State Zip Code
St. Paul MN 55116-1328FEC ID number of contributing
federal political committee.

C

Name of Employer
CentraCare ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325403

Amount of Each Receipt this Period

91.25

SUBTOTAL of Receipts This Page (optional) ▶

682.50

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: C321809

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325405

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346417

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351190

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367553

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374182

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cyneetha Strong, MD

Mailing Address Patient First

505 Appleyard Dr

City

Tallahassee

State

FL

Zip Code

32304-2854

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patients First

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 7

Transaction ID: C325463

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Rosemarie Sweeney

Mailing Address 5915 Ramsgate Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Family
Physicians

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C347556

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Erica Williams Swegler, MD

Mailing Address 816 Keller Pkwy Ste 102
Ste 102

City

Keller

State

TX

Zip Code

76248-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 7

Transaction ID: C323323

Amount of Each Receipt this Period

135.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nancy Swikert, MD

Mailing Address 8780 Us Highway 42

City

Florence

State

KY

Zip Code

41042-8850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patient First Physician
Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349116

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Jay Michael Taylor, MD

Mailing Address Lake County Family Practice
9500 Mentor Ave

City

Mentor

State

OH

Zip Code

44060-8713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake County Family Practi-
ce

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349208

Amount of Each Receipt this Period

122.00

C.

Full Name (Last, First, Middle Initial)

Jay Michael Taylor, MD

Mailing Address Lake County Family Practice
9500 Mentor Ave

City

Mentor

State

OH

Zip Code

44060-8713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake County Family Practi-
ce

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367554

Amount of Each Receipt this Period

122.00

SUBTOTAL of Receipts This Page (optional)

609.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay Michael Taylor, MD

Mailing Address Lake County Family Practice
9500 Mentor Ave

City State Zip Code
Mentor OH 44060-8713

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake County Family Practi-
ce

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374183

Amount of Each Receipt this Period

121.00

B.

Full Name (Last, First, Middle Initial)

Michael P Temporal, MD

Mailing Address 2731 Bloomfield Dr

City State Zip Code
Saint Louis MO 63129-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Louis University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: C321811

Amount of Each Receipt this Period

30.42

C.

Full Name (Last, First, Middle Initial)

Michael P Temporal, MD

Mailing Address 2731 Bloomfield Dr

City State Zip Code
Saint Louis MO 63129-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Louis University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325411

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)

181.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael P Temporal, MD

Mailing Address 2731 Bloomfield Dr

City

Saint Louis

State

MO

Zip Code

63129-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Louis University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346425

Amount of Each Receipt this Period

30.41

B.

Full Name (Last, First, Middle Initial)

Michael P Temporal, MD

Mailing Address 2731 Bloomfield Dr

City

Saint Louis

State

MO

Zip Code

63129-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Louis University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351191

Amount of Each Receipt this Period

30.41

C.

Full Name (Last, First, Middle Initial)

Michael P Temporal, MD

Mailing Address 2731 Bloomfield Dr

City

Saint Louis

State

MO

Zip Code

63129-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Louis University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367555

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)

91.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael P Temporal, MD

Mailing Address 2731 Bloomfield Dr

City

Saint Louis

State

MO

Zip Code

63129-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Louis University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.06

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374185

Amount of Each Receipt this Period

30.47

B.

Full Name (Last, First, Middle Initial)

Roger Ray Tobias, MD

Mailing Address 1221 W Noble St

City

Lyons

State

KS

Zip Code

67554-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hutchinson Clinic, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: C321812

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Roger Ray Tobias, MD

Mailing Address 1221 W Noble St

City

Lyons

State

KS

Zip Code

67554-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hutchinson Clinic, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325416

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

92.47

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roger Ray Tobias, MD

Mailing Address 1221 W Noble St

City

Lyons

State

KS

Zip Code

67554-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hutchinson Clinic, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346429

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Roger Ray Tobias, MD

Mailing Address 1221 W Noble St

City

Lyons

State

KS

Zip Code

67554-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hutchinson Clinic, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351192

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Roger Ray Tobias, MD

Mailing Address 1221 W Noble St

City

Lyons

State

KS

Zip Code

67554-3026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hutchinson Clinic, P.A.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367556

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roger Ray Tobias, MD

Mailing Address 1221 W Noble St

City

Lyons

State

KS

Zip Code

67554-3026

FEC ID number of contributing
federal political committee.**C**Name of Employer
Hutchinson Clinic, P.A.Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374187

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Timothy J Tobolic, MD

Mailing Address 7751 Byron Center Ave Ste A
PO Box 307

City

Byron Center

State

MI

Zip Code

49315-0307

FEC ID number of contributing
federal political committee.**C**Name of Employer
Byron Family MedicineOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349213

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Rafael Guillermo Torres, MD

Mailing Address 912 Macon PI

City

Raleigh

State

NC

Zip Code

27609-6327

FEC ID number of contributing
federal political committee.**C**Name of Employer
Torres Quality Health CareOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: C322941

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

761.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Karen Vaillant, MD

Mailing Address 350 W Country Club Rd
Ste 101

City State Zip Code
Roswell NM 88201-5205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENMMC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: C322185

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Donna Valponi

Mailing Address 4516 NE De La Mar Ct

City State Zip Code
Lees Summit MO 64064-1391

FEC ID number of contributing
federal political committee.

C

Name of Employer
AAFP-KS

Occupation
Marketing Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: C343516

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregg K VandeKieft, MD

Mailing Address Providence St Peter Fam Med
525 Lilly Rd NE

City State Zip Code
Olympia WA 98506-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Peter Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: C321814

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)

688.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregg K VandeKieft, MD

Mailing Address Providence St Peter Fam Med
525 Lilly Rd NE

City Olympia State WA Zip Code 98506-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Peter Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325422

Amount of Each Receipt this Period

57.30

B.

Full Name (Last, First, Middle Initial)

Gregg K VandeKieft, MD

Mailing Address Providence St Peter Fam Med
525 Lilly Rd NE

City Olympia State WA Zip Code 98506-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Peter Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346430

Amount of Each Receipt this Period

51.70

C.

Full Name (Last, First, Middle Initial)

Thomas J Vinton, MD

Mailing Address 5609 S 170th St

City Omaha State NE Zip Code 68135-2257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alegent Health

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: C319888

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

359.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kenton I Voorhees, MD

Mailing Address 7953 S Franklin Ct

City

Centennial

State

CO

Zip Code

80122-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Colorado Sc-
hool of Medic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 7

Transaction ID: C324243

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

James Stefan Walker, MD

Mailing Address PO Box 806

City

Refugio

State

TX

Zip Code

78377-0806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Refugio Memorial Hospital

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: C353504

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Benjamin Ware, MD

Mailing Address 3521 Hwy 190 E Ste P

City

Eunice

State

LA

Zip Code

70535-5129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: C316534

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roy Wayne Watkins, MD

Mailing Address 4105 Lawndale Pl

City

Greensboro

State

NC

Zip Code

27455-1637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	7

Transaction ID: C322943

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

E Mark Watts, MD

Mailing Address 415 S Pollard St

City

Vinton

State

VA

Zip Code

24179-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Faculty MedicineOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	0	7

Transaction ID: C348330

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Andrew H Weary, MD

Mailing Address 3416 Rosefinch Trl

City

Austin

State

TX

Zip Code

78746-6629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	1		2	0	0	7

Transaction ID: C349184

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas J Weida, MD

Mailing Address University Phys Grp Fishburn
845 Fishburn Rd

City State Zip Code
Hershey PA 17033-2015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hershey Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348320

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert L Wergin, MD

Mailing Address 119 S C St

City State Zip Code
Milford NE 68405-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348319

Amount of Each Receipt this Period

265.00

C.

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Drive

City State Zip Code
New Albany OH 43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 7

Transaction ID: C319701

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Drive

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: C343531

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Drive

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Transaction ID: C345600

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Drive

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 7

Transaction ID: C351429

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Drive

City

New Albany

State

OH

Zip Code

43054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State UniversityOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: C374924

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard Andre Wherry, MD

Mailing Address 59 Tipton Drive

City

Dahlonega

State

GA

Zip Code

30533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dahlonega Physicians GroupOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	7

Transaction ID: C375046

Amount of Each Receipt this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

Kenneth W Whittington, MD

Mailing Address 5300 NW 123rd St

City

Oklahoma City

State

OK

Zip Code

73142-5142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deaconess HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: C348318

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

W Michael Woods, MD

Mailing Address PO Box 420

400 Wyandotte Place

City

Ramona

State

OK

Zip Code

74061-0420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348314

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

W Michael Woods, MD

Mailing Address PO Box 420

400 Wyandotte Place

City

Ramona

State

OK

Zip Code

74061-0420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367557

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

W Michael Woods, MD

Mailing Address PO Box 420

400 Wyandotte Place

City

Ramona

State

OK

Zip Code

74061-0420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374188

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City

Chattanooga

State

TN

Zip Code

37403-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee,
College of Me

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: C321819

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City

Chattanooga

State

TN

Zip Code

37403-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee,
College of Me

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 7

Transaction ID: C325423

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

J Mack Worthington, MD

Mailing Address 1100 E 3rd St

City

Chattanooga

State

TN

Zip Code

37403-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Tennessee,
College of Me

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346431

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David P Wright, MD

Mailing Address 1313 Red River St Ste 100
Ste 100

City State Zip Code
Austin TX 78701-1923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seton Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: C373297

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

R Brent Wright, MD

Mailing Address 115 Rebecca Lane

City State Zip Code
Glasgow KY 42141-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Louisville

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C343779

Amount of Each Receipt this Period

73.00

C.

Full Name (Last, First, Middle Initial)

R Brent Wright, MD

Mailing Address 115 Rebecca Lane

City State Zip Code
Glasgow KY 42141-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Louisville

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C346432

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)

511.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

R Brent Wright, MD

Mailing Address 115 Rebecca Lane

City

Glasgow

State

KY

Zip Code

42141-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Louisville

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: C351193

Amount of Each Receipt this Period

73.00

B.

Full Name (Last, First, Middle Initial)

R Brent Wright, MD

Mailing Address 115 Rebecca Lane

City

Glasgow

State

KY

Zip Code

42141-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Louisville

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 7

Transaction ID: C367558

Amount of Each Receipt this Period

73.00

C.

Full Name (Last, First, Middle Initial)

R Brent Wright, MD

Mailing Address 115 Rebecca Lane

City

Glasgow

State

KY

Zip Code

42141-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Louisville

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 7

Transaction ID: C374189

Amount of Each Receipt this Period

73.00

SUBTOTAL of Receipts This Page (optional)

219.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lillian Wu, MD

Mailing Address 278 Lind Ave NW

City

Renton

State

WA

Zip Code

98057-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Health Centers
of King Count

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348313

Amount of Each Receipt this Period

115.00

B.

Full Name (Last, First, Middle Initial)

Dennis Buford Yelvington, MD

Mailing Address PO Box 1901

City

Stuttgart

State

AR

Zip Code

72160-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stuttgart Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: C349217

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert Allen Youens, MD, MMM

Mailing Address 402 Youens Dr

City

Weimar

State

TX

Zip Code

78962-3680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 7

Transaction ID: C348311

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph Wildman Zebley, MD

Mailing Address 3810 Juniper Rd

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenspring Medical Assoc-
iatesOccupation
Physician

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	0	7

Transaction ID: C345435

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

105242.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: C319887

Amount of Each Receipt this Period

19.52

B.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 7

Transaction ID: C321727

Amount of Each Receipt this Period

564.57

C.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: C325325

Amount of Each Receipt this Period

685.12

SUBTOTAL of Receipts This Page (optional)

1269.21

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 7

Transaction ID: C343774

Amount of Each Receipt this Period

472.40

B.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 2 / 2 0 0 7

Transaction ID: C344027

Amount of Each Receipt this Period

35.48

C.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C346448

Amount of Each Receipt this Period

271.11

SUBTOTAL of Receipts This Page (optional)

778.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 0 7

Transaction ID: C352026

Amount of Each Receipt this Period

558.88

B.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: C367604

Amount of Each Receipt this Period

459.24

C.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: C368932

Amount of Each Receipt this Period

617.40

SUBTOTAL of Receipts This Page (optional)

1635.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 210

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

6474.57

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: C373636

Amount of Each Receipt this Period

8.94

SUBTOTAL of Receipts This Page (optional)

8.94

TOTAL This Period (last page this line number only)

3692.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 164 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53416

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53417

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53418

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

15.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 165 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53419

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

3.10

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53420

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

15.97

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53421

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

3.10

SUBTOTAL of Disbursements This Page (optional)

22.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 166 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D53422 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>07</div> <div>17</div> <div>2007</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<div>12.09</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D53423 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>07</div> <div>23</div> <div>2007</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<div>3.10</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D53424 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>07</div> <div>27</div> <div>2007</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<div>5.68</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

20.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 167 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D53425 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<div> <div></div> <div>31.34</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	Category/ Type
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D53426 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 0 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<div> <div></div> <div>10.24</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	Category/ Type
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D53498 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div></div> <div>0.78</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General State: District: <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional)

42.36

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 168 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53499

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

1.55

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53500

Date of Disbursement

08 / 10 / 2007

Amount of Each Disbursement this Period

11.32

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53501

Date of Disbursement

08 / 13 / 2007

Amount of Each Disbursement this Period

6.17

SUBTOTAL of Disbursements This Page (optional)

19.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D53502 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 7 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>3.10</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D53503 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>1.55</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D53504 Date of Disbursement
Mailing Address PO Box 53852	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 4 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<div> <div>2.58</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53505

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.50

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53506

Date of Disbursement

/ /

Amount of Each Disbursement this Period

12.75

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53508

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.26

SUBTOTAL of Disbursements This Page (optional)

30.51

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 171 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D53509 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>2.26</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D54508 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>11.32</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D54509 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>4.85</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

18.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 172 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D54510 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	5		2	0	0	7												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">16.57</td> </tr> </table>	16.57																			
16.57																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D54511 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	8		2	0	0	7												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">1.55</td> </tr> </table>	1.55																			
1.55																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D55833 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	1		2	0	0	7												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<table border="1"> <tr> <td colspan="10">31.00</td> </tr> </table>	31.00																			
31.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

49.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 173 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D55834

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

163.78

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D55835

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

55.24

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D55838

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

61.54

SUBTOTAL of Disbursements This Page (optional)

280.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D55839

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

18.14

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D55840

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

5.99

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement
Credit Card processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D55841

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

8.57

SUBTOTAL of Disbursements This Page (optional)

32.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 175 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D56582 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 3 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>21.44</div> <div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D56583 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 0 4 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Credit Card Processing Fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>1.09</div> <div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D57037 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 5 / 2 0 0 7</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank Card Processing Fee Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>0.78</div> <div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

23.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 176 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D57038																				
Mailing Address PO Box 53852	Date of Disbursement																				
City Phoenix	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td> <td>2</td><td>3</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	0	7												
State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10"></td> </tr> <tr> <td colspan="10">2.89</td> </tr> </table>											2.89									
2.89																					
Bank card processing fee	<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td></td> </tr> </table>	Category/ Type																			
Category/ Type																					
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D57039																				
Mailing Address PO Box 53852	Date of Disbursement																				
City Phoenix	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td> <td>3</td><td>0</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10"></td> </tr> <tr> <td colspan="10">6.05</td> </tr> </table>											6.05									
6.05																					
Bank card processing fee	<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td></td> </tr> </table>	Category/ Type																			
Category/ Type																					
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D57041																				
Mailing Address PO Box 53852	Date of Disbursement																				
City Phoenix	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td> <td>2</td><td>4</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	4		2	0	0	7												
State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td colspan="10"></td> </tr> <tr> <td colspan="10">28.41</td> </tr> </table>											28.41									
28.41																					
Bank credit card processing fee	<table border="1"> <tr> <td>Category/ Type</td> </tr> <tr> <td></td> </tr> </table>	Category/ Type																			
Category/ Type																					
Candidate Name																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

SUBTOTAL of Disbursements This Page (optional)

37.35

TOTAL This Period (last page this line number only)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 178 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56581

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

164.98

B. Full Name (Last, First, Middle Initial)
Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D55832

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

255.62

C. Full Name (Last, First, Middle Initial)
Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D53497

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

356.63

SUBTOTAL of Disbursements This Page (optional)

777.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 179 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53507

Date of Disbursement

09 / 04 / 2007

Amount of Each Disbursement this Period

240.70

B.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53414

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

350.53

C.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53415

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

0.00

SUBTOTAL of Disbursements This Page (optional)

591.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 180 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Fee- Items Deposited

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53428

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Fee- Returned Item

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53429

Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

5.00

C.

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank Fee- Returned Item

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53437

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)

22.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 181 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53427

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53496

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.95

C.

Full Name (Last, First, Middle Initial)

Discover Network

Mailing Address P O Box 52145

City
Phoenix

State
AZ

Zip Code
85072-2145

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D53510

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.89

SUBTOTAL of Disbursements This Page (optional)

80.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 182 / 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: D55837 Date of Disbursement																				
Mailing Address P O Box 52145	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	7												
City Phoenix State AZ Zip Code 85072-2145	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fees Candidate Name	<table border="1"> <tr> <td colspan="10">18.95</td> </tr> </table>	18.95																			
18.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: D59801 Date of Disbursement																				
Mailing Address P O Box 52145	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	4		2	0	0	7												
City Phoenix State AZ Zip Code 85072-2145	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">0.85</td> </tr> </table>	0.85																			
0.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Discover Network	Transaction ID: D57040 Date of Disbursement																				
Mailing Address P O Box 52145	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	0	7												
City Phoenix State AZ Zip Code 85072-2145	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">28.13</td> </tr> </table>	28.13																			
28.13																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

47.93

TOTAL This Period (last page this line number only)

2728.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

COMMITTEE FOR A DEMOCRATIC MAJORITY

Mailing Address 301 4th St. NE Suite 202
SUITE 202

City Washington State DC Zip Code 20002

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D54126

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

DONNA CHRISTENSEN CAMPAIGN

Mailing Address 417 New Jersey Ave SE

City Washington State DC Zip Code 20003-4007

Purpose of Disbursement
Campaign contributionCandidate Name
Del. Donna M. ChristensenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VI District: 00

Transaction ID: D53492

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DNC SERVICES CORPORATION/DEMOCRATIC NATIONAL COMMI

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56627

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	7

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional) ►

18500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE</p> <p>Mailing Address 424 C St NE Basement Unit</p> <p>City Washington State DC Zip Code 20002-5818</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D54619</p> <p>Date of Disbursement 11 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 2nd St NE</p> <p>City Washington State DC Zip Code 20002-4914</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D54503</p> <p>Date of Disbursement 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212-0612</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D48230</p> <p>Date of Disbursement 07 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Chris Van Hollen, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: D53493

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
CIRO D. RODRIGUEZ FOR CONGRESS

Mailing Address PO Box 14528

City San Antonio State TX Zip Code 78214

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Ciro D. Rodriguez

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: D54447

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
LOT OF PEOPLE FOR DAVE OBEY

Mailing Address 525 WASHINGTON ST

City WAUSAU State WI Zip Code 54402

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. David R. Obey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 07

Transaction ID: D56018

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

REHBERG FOR CONGRESS

Mailing Address P.O. Box 1597

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Dennis Rehberg

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: D48228

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

EARL POMEROY FOR CONGRESS

Mailing Address PO Box 75214

City
Washington

State
DC

Zip Code
20013-0214

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Earl Pomeroy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: D54066

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

ENGEL FOR CONGRESS

Mailing Address 462 California Road

City
Bronxville

State
NY

Zip Code
10708

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Eliot Engel

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: D48233

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
HARRY MITCHELL FOR CONGRESS

Mailing Address PO Box 23748

City Tempe State AZ Zip Code 85285

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Harry E. Mitchell

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 05

Transaction ID: D54446

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR ALTMIRE

Mailing Address PO BOX 1776

City FREEDOM State PA Zip Code 15042

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Jason Altmire

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: D54440

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
JIM RAMSTAD VOLUNTEER COMMITTEE

Mailing Address 1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Jim Ramstad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: D48229

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
JOHN HALL FOR CONGRESS

Mailing Address PO Box 274

City Hopewell Junction State NY Zip Code 12533

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John Hall

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: D54444

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. John M. Shimkus

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: D48232

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
GILLIBRAND FOR CONGRESS

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Kirsten Gillibrand

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 20

Transaction ID: D54443

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DOGGETT FOR US CONGRESS

Mailing Address 1157 San Bernard

City
Austin

State
TX

Zip Code
78702

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Lloyd Doggett

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: D53490

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Lois Capps

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D54684

Date of Disbursement

11 / 08 / 2007

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Marsha Blackburn

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D54450

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
MELISSA BEAN FOR CONGRESS

Mailing Address POST OFFICE BOX 3068

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Melissa L. Bean

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: D54442

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
ARCURI FOR CONGRESS

Mailing Address P.O. Box 8508

City Utica State NY Zip Code 13505

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Michael Arcuri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: D54441

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
ARCURI FOR CONGRESS

Mailing Address P.O. Box 8508

City Utica State NY Zip Code 13505

Purpose of Disbursement
Campaign Contribution

Candidate Name
Rep. Michael Arcuri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: D47650

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
MIKE HONDA FOR CONGRESS

Mailing Address 625 3rd St NE
Apt 2

City Washington State DC Zip Code 20002-4942

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Michael M. Honda

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 15

Transaction ID: D54620

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF PATRICK J. KENNEDY INC.

Mailing Address P.O. Box 321
Ste 201

City Pawtucket State RI Zip Code 02860

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Patrick J. Kennedy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: D53491

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
TIBERI FOR CONGRESS

Mailing Address 2021 E Dublin Granville Road
Ste 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Patrick J. Tiberi

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: D54063

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: D54618 Date of Disbursement																				
Mailing Address PO Box 636	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	6		2	0	0	7												
City Annandale State VA Zip Code 22003-0636	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Shelley Berkley	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Stephanie for South Dakota	Transaction ID: D54067 Date of Disbursement																				
Mailing Address PO Box 75214	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	8		2	0	0	7												
City Washington State DC Zip Code 20013-0214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Stephanie Herseith	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: D54445 Date of Disbursement																				
Mailing Address 100 WEST LAWRENCE STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	7												
City APPLETON State WI Zip Code 54911	Amount of Each Disbursement this Period																				
Purpose of Disbursement Campaign contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Steve Kagen	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City State Zip Code
Pittsburgh PA 15234

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Timothy F. Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: D54504

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 714 N WOOSTER AVENUE

City State Zip Code
DOVER OH 44622

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Zack Space

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: D54448

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address 310 1st St SE

City State Zip Code
Washington DC 20003-1885

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D56626

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

19000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) **CITIZENS FOR ARLEN SPECTER**

Mailing Address 3502 PRESTON COURT
 CARRIAGE HOUSE

City State Zip Code
 CHEVY CHASE MD 20815

Purpose of Disbursement
 Campaign contribution

Candidate Name
 Sen. Arlen Specter

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: D48227

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial) **FRIENDS FOR HARRY REID**

Mailing Address PO BOX 19163

City State Zip Code
 LAS VEGAS NV 89132

Purpose of Disbursement
 Campaign contribution

Candidate Name
 Sen. Harry Reid

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 00

Transaction ID: D54502

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial) **REED COMMITTEE**

Mailing Address PO BOX 8628

City State Zip Code
 CRANSTON RI 02920

Purpose of Disbursement
 Campaign contribution

Candidate Name
 Sen. Jack Reed

Category/
 Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: D54623

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A. Full Name (Last, First, Middle Initial)
FRIENDS OF JAY ROCKEFELLER**

Mailing Address PO BOX 1909

City CHARLESTON State WV Zip Code 25327

Purpose of Disbursement
Campaign contributionCandidate Name
Sen. John D. Rockefeller, IVCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 00

Transaction ID: D48231

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B. Full Name (Last, First, Middle Initial)
JOHN KERRY FOR SENATE**Mailing Address 10 G St NE
Ste 710

City Washington State DC Zip Code 20002-4288

Purpose of Disbursement
Campaign contributionCandidate Name
Sen. John F. KerryCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 00

Transaction ID: D54617

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

**C. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC**

Mailing Address 607 14TH STREET NW SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Campaign contributionCandidate Name
Sen. Mary LandrieuCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 00

Transaction ID: D54621

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) ENZI FOR US SENATE Mailing Address PO BOX 2775	Transaction ID: D54685 Date of Disbursement <div> <div>11</div> <div>08</div> <div>2007</div> </div>
City State Zip Code CODY WY 82414 Purpose of Disbursement Campaign contribution Candidate Name Sen. Michael B. Enzi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WY District: 00	Amount of Each Disbursement this Period <div>2500.00</div>
B. Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE Mailing Address PO BOX 1948 City State Zip Code BOISE ID 83701 Purpose of Disbursement Campaign contribution Candidate Name Sen. Mike Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ID District: 00	Transaction ID: D56019 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2000.00</div>
C. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08 Mailing Address PO BOX 1496 City State Zip Code LOUISVILLE KY 40201 Purpose of Disbursement Campaign Contribution Candidate Name Sen. Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Transaction ID: D48226 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2500.00</div>

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187
Suite 800

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Sherrod Brown

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: D54065

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR COCHRAN

Mailing Address PO BOX 7183

City TUPELO State MS Zip Code 38802

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Thad Cochran

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 00

Transaction ID: D54064

Date of Disbursement

09 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
TIM JOHNSON FOR SOUTH DAKOTA INC

Mailing Address PO BOX 1859

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Tim Johnson

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Transaction ID: D56017

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City
DES MOINES

State
IA

Zip Code
50304

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Tom Harkin

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: D48234

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

SENATE MAJORITY FUND

Mailing Address 507 Capitol Ct NE
Ste 100

City
Washington

State
DC

Zip Code
20002-7705

Purpose of Disbursement
Campaign contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D54622

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

TOTAL This Period (last page this line number only) ►

125500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

Purpose of Disbursement
Refund of overpayment of admin expense

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D53494

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

100.00

B.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

Purpose of Disbursement
Refund of duplicate admin expense payment

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D53495

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

564.57

C.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

Purpose of Disbursement
Refund of overpayment of admin exp.

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D54624

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

165.00

SUBTOTAL of Disbursements This Page (optional)

829.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City Leawood State KS Zip Code 66211-2672

Purpose of Disbursement
Refund of payment of operating expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D56016

Date of Disbursement

/ /

Amount of Each Disbursement this Period

365.00

SUBTOTAL of Disbursements This Page (optional)

365.00

TOTAL This Period (last page this line number only)

1194.57

Image# 28990079714

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C319887**

Form/Schedule: **SA11AI** Pledge completed on 11/28/07.
Transaction ID: **C367339**

Image# 28990079715

Form/Schedule: **SA11AI** Pledge completed on 11//29/2007.

Transaction ID: **C367546**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.

Transaction ID: **C367604**

Image# 28990079716

Form/Schedule:SA15 Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: C368932

Form/Schedule:SA15 Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: C373636

Image# 28990079717

Form/Schedule: **SA11AI** 2007 Pledge completed on 12/18/2007.

Transaction ID: **C373845**

Form/Schedule: **SB29** Refund of mistaken payment of administrative expense by parent organization.

Transaction ID: **D53494**

Image# 28990079718

Form/Schedule: **SB29** Refund of duplicate reimbursement of bank fees by parent organization.
Transaction ID: **D53495**

Form/Schedule: **SB29** Refund of mistaken payment of administrative expense by parent organization.
Transaction ID: **D54624**

Image# 28990079719

Form/Schedule: **SB29** Refund of mistaken payment for operating expense by parent organization.
Transaction ID: **D56016**

Form/Schedule: **SA11AI** PLEDGE complete on 7/23/2007.
Transaction ID: **C321579**

Image# 28990079720

Form/Schedule:SA15 Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: C321727

Form/Schedule:SA15 Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: C325325

Image# 28990079721

Form/Schedule:SA11AI Matching funds issued by Arlene Brown, MD
Transaction ID: C343555

Form/Schedule:SA15 Permissible reimbursement from connected organization for bank/credit card processing fees. Close
Transaction ID: C343774

Image# 28990079722

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C344027**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C346448**

Form/Schedule: **SA15** Permissible reimbursement from connected organization for bank/credit card processing fees.
Transaction ID: **C352026**